COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

AGENDA
Thursday, June 1, 2023, 12:30 PM

As of September 1, 2021, a quorum must be physically present at the meeting in order to utilize videoconferencing. Pursuant to § 551.127 of the Act:

A member or employee of a governmental body may participate remotely and be counted as present if the video and audio feed of the member's or employee's participation is broadcast live at the meeting.

CONNECTING VIA INTERNET:
Access the URL: https://us06web.zoom.us/j/82444539726?pwd=Z1VQTWFVWWFjNzYvAukMrUWRvUT09
Meeting Password: **180370**
An automated prompt should appear on your screen; when it does, click "Open Zoom Meetings."

1. If you would prefer to use your computer for audio connection, please do the following:
    a. When prompted, select "Join Audio"?
    b. Another popup box will appear, select the tab, "Computer Audio."
    c. Now click the box stating, "Join with Computer Audio." Your connection to the meeting will be automatically established upon doing so.
2. If you would prefer to utilize a phone for your audio connection, please do the following:
    a. Mute your computer's volume.
    b. When prompted, select "Join Audio"?
    c. Another popup box will appear, select the tab, "Phone Call."
    d. You will be presented with a Dial-In, Audio Code, and Participant ID. Call the Dial-In number from your phone and follow the subsequent voice prompts. Your connection to the meeting will be automatically established upon doing so.

CONNECTING VIA PHONE (AUDIO ONLY):

1. Dial 346-248-7799
2. You will be prompted to enter the Meeting ID, which is **824 4453 9726#** Meeting Password: **180370**
3. Finally, you will be instructed to enter your Participant ID. When this occurs, merely select the pound (hashtag) key without entering any numbers. Your connection to the meeting will be automatically established upon doing so.

CONSENT AGENDA: ALL ITEMS MARKED WITH A SINGLE ASTERICK (*) ARE PART OF THE CONSENT AGENDA AND REQUIRE NO DELIBERATION BY THE GOVERNING BOARD. ANY BOARD MEMBER MAY REMOVE AN ITEM FROM THIS AGENDA TO BE CONSIDERED SEPARATELY.

PROCEED TO BOTTOM OF THIS DOCUMENT FOR APPEARANCE & EXECUTIVE SESSION GUIDELINES

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation in order to participate in this proceeding should, within two (2) days prior to the proceeding, request necessary accommodations by contacting CHW's Executive Assistants at 409-949-3406, or via email at trollins@gchd.org or ahernandez@gchd.org

ANY MEMBERS NEEDING TO BE REACHED DURING THE MEETING MAY BE CONTACTED AT 409-938-2288

REGULARLY SCHEDULED MEETING

Meeting Called to Order
Pledge of Allegiance

Item #1 .....Comments from the Public

***Item #2 ACTION**.....Agenda

***Item #3 ACTION**.....Excused Absence(s)

*Item #4**ACTION**.....Consider for Approval Minutes from April 27, 2023 Governing Board Meeting

*Item #5**ACTION**.....Consider for Approval Coastal Health & Wellness Annual Risk Management Report

*Item #6**ACTION**.....Consider for Approval Revised Coastal Health & Wellness Risk Management Training Plan

*Item #7**ACTION**.....Consider for Approval Coastal Health & Wellness Medical Records Fee Schedule

*Item #8**ACTION**.....Consider for Approval Coastal Health & Wellness Dental Scope of Service Policy

*Item #9**ACTION**.....Consider for Approval Coastal Health & Wellness Infection Control Plan/Goals for 2023 Submitted by Debra Howey

*Item #10.....Informational Report: Credentialing & Privileging Committee Reviewed and Approved the Following Providers Privileging/Re-Credentialing Rights

a) Kristy Cooley-O'Brien, PA
b) Debbie Wasson, PA
c) Molham Aldeiri, MD Cardiologist-Contract

Re-Credentialing Rights

a) Carlos Tirado, MD
b) Isela Werchan, MD-Re-privileging
c) Lisa Yarbrough, PC-Re-privileging

Item #11**ACTION**.....Consider for Approval April 2023 Financial Report Submitted by Trish Bailey

Item #12**ACTION**.....Consider for Approval Governing Board Member Donnie VanAckeren to Serve on the Finance Committee

Item #13.....Coastal Health & Wellness Updates

a) Current Public Health Concerns and Status; COVID/Flu/Monkey Pox Submitted by Executive Director
b) Operational Updates/Coastal Wave Submitted by Chief Operating Officer
c) Dental Updates Submitted by Dental Director
d) Medical Updates Submitted by Medical Director

Item #14.....Comments from Board Members

Adjournment

Next Regular Scheduled Meeting: June 29, 2023

<u>Appearances before the Coastal Health & Wellness Governing Board</u>

A speaker whose subject matter as submitted relates to an identifiable item of business on this agenda will be requested by the presiding officer to come to the podium where they will be limited to three minutes (3). A speaker whose subject matter as submitted does not relate to an identifiable item of business on this agenda will be limited to three minutes (3) and will be allowed to speak before the meeting is adjourned. Please arrive prior to the meeting and sign in with Galveston County Health District staff.

Executive Sessions

When listed, an Executive Session may be held by the Governing Board in accordance with the Texas Open Meetings Act. An Executive Session is authorized under the Open Meetings Act pursuant to one or more the following exceptions: Tex. Gov't Code §§ 551.071 (consultation with attorney), 551.072 (deliberation regarding real property), 551.073 (deliberation regarding a prospective gift or donation), 551.074 (personnel matters), 551.0745 (personnel matters affecting Coastal Health & Wellness advisory body), 551.076 (deliberation regarding security devices or security audits), and/or 551.087 (deliberations regarding economic development negotiations). The Presiding Officer of the Governing Board shall announce the basis for the Executive Session prior to recessing into Executive Session. The Governing Board may only enter into Executive Session if such action is specifically noted on the posted agenda.

Governing Board
May 2023
Item#3
Excused Absence(s)

Governing Board
May 2023
Item#4
Consider for Approval Minutes from April 27, 2023
Governing Board Meeting

Coastal Health & Wellness
Governing Board
April 27, 2023

Board Members:

Samantha Robinson
Elizabeth Williams
Rev. Walter Jones
Clay Burton
Flecia Charles
Sergio Cruz
Sharon Hall
Donnie VanAckeren
Victoria Dougharty
Dr. Thompson

Staff:

Ami Cotharn, Chief Operations Officer
Hanna Lindskog, Dental Director
Trish Bailey, Chief Financial Officer
Tiffany Carlson
Jennifer Koch
Maria Aguirre
Chris Davis
Adriane Cornish
Tikeshia Thompson-Rollins
Anthony Hernandez

Excused Absence: Kevin Avery, Ivelisse Caban, Cynthia Darby and Dr. Tello
Guest: Reisa Kirkpatrick

Items#1 Comments from the Public
There were no comments from the public.

Items#2-10 Consent Agenda
A motion was made by Sergio Cruz to approve the consent agenda items two through ten. Clay Burton seconded the motion, and the Board unanimously approved the consent agenda.

Item#11 Consider for Approval March 2023 Financial Report Submitted by Trish Bailey
Trish Bailey, Chief Finance Officer, presented the March 2023 Financial Report. Trish did inform the Board this is a preliminary report. A motion to accept the financial preliminary report as presented was made by Sergio Cruz. Elizabeth Williams seconded the motion and the Board unanimously approved.

Item#12 Employee Satisfaction Survey Submitted by Ami Cotharn
Ami Cotharn, Chief Operating Officer, presented the employee satisfaction survey.The Board suggested having an employee of the month and inviting that employee to the Governing Board meeting to be recognized. Samantha suggested instead of allowing the Circle of Excellence Committee to pick an employee, maybe all employees selected could be put in a drawing.

Samantha, Board Chair, informed the Board Clay Burton was nominated for Citizen of the Year for Galveston County.

Item#13 Coastal Health & Wellness Updates

a) Current Public Health Concerns and Status; COVID/FLU/Monkey Pox Submitted by Executive Director
b) Operational Updates/Coastal Wave Submitted by Chief Operating Officer
c) Dental Updates Submitted by Dental Director
d) Medical Updates Submitted by Medical Director

Ami Cotharn, Chief Operating Officer, presented the April 2023 Coastal Wave.

Ami Cotharn, Chief Operating Officer, updated the Board on clinical operations/quarter one Health Center updates. Ami also informed the Board that School Based Health Clinic with Texas City ISD will be launching September 1st and will be funded for two years.

Samantha requested that a date and time within the next quarter be set up for an open house for Board members to go through and see each building and clinic.

Hanna Lindskog, DDS, updated the Board on Dental services in the Coastal Health & Wellness Clinic:

- Current projects, plans, department overview for dental
    - Teledentistry Collaborative – We are participating in the Teledentistry Collaborative with NNOHA. We have completed a total of four asynchronous teledental visits. We learned a lot from those visits and presented our findings at the NNOHA Collaborative meeting on April 5th.
    - First Dental Home – This project is currently pending identification of test patient during open administrative time.
    - Sterilization Renovation – We are finalizing the plans for redesigning a section of our sterilization area in Texas City. This will allow us to add two more sterilizers to be more efficient and help meet sterilization needs.
    - We are in the process of purchasing new dental chairs for the Galveston location.
    - Our new x-ray software that we implemented in February is working well. We are still waiting for our old images to be transferred to the Cloud for the new program and expected it to be complete, but do not currently have an estimated completion date.
    - We hosted the COM Dental Assisting Students on 4/22/2023 as part of their x-ray training. They will be returning on 4/29/2023.
    - Dr. Lindskog continues to serve on the COM Hygiene School Advisory Board. The next meeting is scheduled for May 9th.
    - Dr. Lindskog is scheduled to attend the Texas Dental Association Meeting where she will be a delegate representing the Ninth District Dental Society.
- Provider Education Opportunities
    - We had eight assistants complete either the sealant course or the coronal polishing course on January 28th and February 25th. In April our assistants completed 5 sealants.
    - All five dentists have now completed their CEREC training. This course provides training for using our Primescan intraoral scanners for crowns and bridges.
    - All providers also continue to select and participate in CE of their choice.
- Barriers or Needs (if applicable)

Staffing: Dental hygienist position open. We are also looking at hiring another part-time dentist.

Ami Cotharn, Chief Operating Officer, updated the Board on Medical services in the Coastal Health & Wellness Clinic.

1. Telemedicine: implement a new telehealth (telemedicine) platform.
    - Coach and develop organizational best practice for telemedicine.
    - Increase patient access and improve health equity.
    - Train staff and providers on a telehealth visit; teams in real-time for getting a telehealth appointment scheduled, started, and completed.
    - Telehealth visits are easy to schedule and consistently scheduled correctly.
    - Appropriate interpretation services are used with telehealth visits.
2. Payer (Managed care organizations, Medicare Advantage plans, commercial insurance) contract review and updates.
3. Provider education on payer incentive program: WellMed provider education in April.
4. New hires: Debbie Wasson, PA (part-time, working 24 hours per week, start day of 5/25/2023), Kristy Cooley, PA (part-time working 29 hours per week, start day of 5/25/2023.
5. Strive to deliver high-quality, culturally competent, equitable, and comprehensive primary care with a focus on clinical quality, patient-centered care, and provider and staff well-being.

Item #14 Comments from Board Members

Samantha informed the Board there is a Governing Board Community position that still needs to be filled.

For the sake of time the Governing Board has suggested submitting questions prior to the meeting to have staff address and put a time limit on the Board meetings.

The meeting was adjourned at 1:56p.m.

_____	_____
Chair	Secretary/Treasurer
_____	_____
Date	Date

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Governing Board
May 2023
Item#5
Consider for Approval Coastal Health & Wellness
Annual Risk Management Report

Samantha Robinson, RN
Chair, Governing Board

Philip Keiser, MD
Interim Executive Director

Coastal Health & Wellness
Galveston County's Community Health Center
www.coastalhw.org

2022
Annual Risk Management Report
to the
Coastal Health & Wellness Governing Board

Board Members,

Please accept this annual report on the overall Risk Management activities of Coastal Health & Wellness ("CHW") reporting period for the calendar year of 2022. Much of the information provided herein represents a summary of the activities and assessments (including risk management assessments) occurring throughout the year and which have been previously reported to the Board on a quarterly basis, including through Coastal Health & Wellness' Governing Board risk management reports, and through its Governing Board Quality Assurance Committee.

Although much of the information contained in this report has been discussed with the Board throughout the year, the annual report is meant to provide a comprehensive review of risk management activities, including but not limited to Coastal Health & Wellness' progress in reaching its goals, incidents, and patient satisfaction information.

The report also includes a summary of patient grievances and complaints received for the 2022 reporting period, along with Coastal Health & Wellness' adherence to meeting its risk management goals during this timeframe.

Quality Assurance /Quality Improvement Report

Although this report is meant to provide an overview of Coastal Health & Wellness' risk management activities, the idea of risk management works concurrently with and is a component of its Quality Assurance Performance Improvement activities, and also intersects with many of CHW's Environment of Care and Infection Control initiatives as required by The Joint Commission.

Coastal Health & Wellness' Quality Assurance Performance Improvement ensures the collection and interpretation of data directly related to the effectiveness of services afforded to Coastal patients. Furthermore, this data is used and relied upon by key personnel and Governing Board members to make informed decisions related to improving work performed at Coastal Health & Wellness and ensuring an optimal environment of safety for both patients and employees.

Over the course of the year, the Quality Assurance Performance Improvement Committee systematically compiled relevant data to assess the effectiveness of health care delivery rendered at Coastal.

The sources of information for this data include but are not limited to:

- Quality assessments conducted on a monthly or quarterly basis (depending upon the metric);
- Review of patient complaints/grievances;

- Patient satisfaction survey material;
- Review of patient safety incidents and near misses;
- Provider driven peer reviews; and
- Performance measure data.

Quality Assessments

Quality Assessments were completed on at least a quarterly basis. The Quality Assessments evaluate provider adherence to current evidence based clinical guidelines, standards of care, and standards of practice in the provision of services, and identification of any patient safety and adverse events and implementation of follow-up.

Coastal Health & Wellness medical and dental providers conduct peer reviews on a monthly basis during the organization's in-service sessions, at which time they assess provider obedience to clinical guidelines, standards of care and standards of practice. Results of peer reviews are analyzed and shared with providers during Coastal Health & Wellness' monthly in-service sessions. Please note that in accordance with Section 161 et seq. of the *Texas Health and Safety Code,* peer review notes are deemed privileged and confidential under state law and are therefore not presented to the Governing Board.

Risk Management Activities

Infection Control

As mentioned, infection control and environment of care are major focuses for Coastal Health & Wellness. The Coastal Health & Wellness QAPI (Quality Assurance Performance Improvement) Committee, led by the Director of Innovation and Clinical Quality, met monthly to discuss prominent risk and safety measures paramount to Joint Commission accreditation – notably infection control and environment of care. Infection control initiatives and activities undertaken by Coastal Health & Wellness during this time included, but were not limited, to the following:

- The Infection Control Plan was updated and approved by the Governing Board in February of 2022 as part of the CHW Infection Prevention and Control Program (the "ICP"). The ICP provides guidelines, procedures, and practices to reduce the risk of spreading infection, promoting safe work practices, and assisting staff in conforming to standards, evidence-based rules to minimize the spread of infectious disease.
- Training on hand hygiene, bloodborne pathogens and personal protective equipment is conducted for all employees at the time of hire and annually thereafter.
- Infection control surveys and hand hygiene audits have been streamlined and are conducted monthly, with results being shared and reviewed by staff during monthly Compliance Committee meetings to identify both strengths and weaknesses.
- Ongoing assessments performed by the CHW Infection Control Nurse, with input from other members of Coastal' s leadership team, were also reviewed monthly.
- Dental procedures and sterilization protocols continued to be reviewed to ensure they remained consistent with guidelines set forth by the Association for the Advancement of Medical Instrumentation ("AAMI"), and staff training on the use of PRIME SCAN, an intraoral scanner, that expands the digital impressions capabilities enabling better patient care and clinical outcomes.
- Additionally, CHW management worked steadily towards building and improving innovative

services to the community by hiring a Medical Director, a Director of Innovation and Clinical Quality, and an Enabling Services Manager. These positions bring talent and skills that are helping to promote health management and risk management services for an increase in healthcare services for the community.

Claims Management

There are currently no pending cases.

Patient Management - Access to Care and "No Shows"

Coastal Health & Wellness tracks on a quarterly basis, patient access to care and "no show" rates (patients who fail to present for a scheduled appointment), in order to maximize appointments made available to the community. The information tracked includes the number of available appointments during the quarter in question, percentage of appointments kept, scheduled and unfilled, and the percentage of "no-shows" by clinical department and site. A cumulative "no-show" rate of 20% or less was established as an organizational goal in January 2023. Between January 1, 2022, and December 31, 2022, the cumulative "no show" rate was 20% - and Coastal fell short of meeting its goal for this measure.

Patient Satisfaction

Coastal Health & Wellness utilizes a patient satisfaction survey to determine the level of consummation with the services provided. Patient satisfaction survey results have been reported to the Board on a quarterly basis. The patient satisfaction survey questions, offered in both English and Spanish, were initially approved by the Governing Board in October 2018, and have since been slightly modified to capture additional data. During the 2022 survey period, Coastal set a goal of achieving cumulative patient satisfaction scores of at least 4.8. Over the course of this reporting period, Coastal Health & Wellness received 1,873 survey responses, with a cumulative score total of 4.77 -- .03 points from its goal, and .01 point lower than the organization saw in the previous year. During this timeframe, most survey comments were overwhelmingly favorable, and many respondents rated services received as "excellent." Patients requesting follow-up after their visit were contacted and any concerns were addressed. The majority of unfavorable comments issued during the period stemmed from stricter protocols implemented at check-in and in waiting areas, which were employed to mitigate the spread of COVID. Again, the new administration instituted more patient-centric means to address these issues in April 0f 2021, yielding a last quarter satisfaction score of 4.84.

Enrollment in the patient portal continues to be promoted as a way for patients to communicate with Coastal staff more efficiently. Patient portal enrollment numbers continued to increase during the January 2022 – December 2022 timeframe.

Patient Grievances

During the calendar year of 2022, Coastal Health & Wellness received 17 formal complaints, a decrease of over 40% from the prior year's reporting period. Below is a table outlining the types of grievances/complaints received, and the respective periods during which they were filed.

PATIENT GRIEVANCE/COMPLAINTS

Grievance/ Complaint Topic	July-Sept 2022	Oct – Dec 2022	Jan – Mar 2022	Apr-June 2022	Total
Medical	5	10		1	**16**
Dental	-	-	-	-	**0**
Lab	-	-	-	-	**0**
Patient Services	1	-		-	**1**
Medical Records	-	-		-	
Other			-	-	
	6	**10**		**1**	**17**

Clinical complaints are handled by their respective department heads, and by the Nursing or Dental Director if the claim is of a clinical nature. After investigation of the complaint and when appropriate, staff are retrained on the execution of the applicable policy for patient care. Grievances are reviewed during the CHW Administration Quality Assurance and Performance Improvement Session to help better identify risk management needs. The proposed risk management goal for 2022 was to continue stressing to staff a better patient experience through improved customer service in order to further decrease complaints/grievances and to increase CHW patient population. Coastal Health & Wellness achieved Patient Centered Medical Home (PCMH) accreditation in 2021, and in 2022 the clinic continued demonstrating a focus on team-based care, communication and coordination of services to improve *the entirety* of the patient experience.

Summary of Trainings

- Risk management training is determined upon review of incidents, grievances, regulatory or other requirements, the nature of the services provided, and inherent risk involved in provided services.
- The Risk Management Training Plan outlines such required training.
- Staff undergo risk management training pertinent to all aspects of their duties upon hire and at least annually thereafter in accordance with the Coastal Health & Wellness' Risk Management Training Plan, which covers topics including, but not limited to, HIPAA and patient confidentiality; infection control (including hand hygiene and eye wash procedures); OSHA requirements relevant to acute care settings; and fire, safety, and emergency operations plans. Coastal Health & Wellness also provides specific training for groups of providers that perform various services which may lead to potential malpractice risks.
- Staff completion of training is monitored by Risk Management and the Healthcare Compliance Specialist, in collaboration with department managers and Human Resources.

Risk Management Quarterly Assessments

Risk management is a component of the CHW Administration Compliance Committee and the QAPI Committee. On a monthly basis, risk management issues were discussed with each of these committees,

and quarterly during Governing Board Quality Assurance Committee meetings. Risk management activities and areas are assessed for the purpose of evaluating effectiveness of risk mitigation plans, how effectively defined procedures are reducing the risk of adverse outcomes, and any incidents or trends occurring which merit investigation. The risk management quarterly assessments, facilitated by the Compliance Officer, provide detailed information about the organization's risk and safety plan to the Governing Board's Quality Assurance Committee.

Additional Risk Management Activities Completed

In addition to the information provided herein, the following risk management activities were completed during the 2022 reporting period:

- Financial screening audits were performed monthly to ensure accurate completion of financial applications/documentation.
- Peer reviews were conducted monthly by the Medical Director to ensure services were provided that met current evidence-based guidelines, standards of care and standards of practice.
- The Dental Director coordinated monthly peer review chart audits for the dental providers focusing on all types of procedures, Title V and Ryan White requirements to ensure services were provided that met current evidence-based guidelines and standards of care.
- The Medical Director leads monthly Grand Rounds. Grand Rounds are presented at each month's in-service gatherings, at which time a different specialty provider offers education to all providers on their respective specialty. Providers then educate colleagues about updated standards and best practices for treating the respective condition.
- Medication audits were conducted monthly, including 340B and sample medication audits which are reviewed by the Nursing Director for appropriate logging and to ensure billing accuracy.
- The Environmental, Risk and Safety Assessment was performed at both clinic locations monthly by the Healthcare Compliance Specialist. Each assessment reviews sixty-four (64) different elements derived from the Joint Commission's Environment of Care standards to determine potential safety issues and/or security threats.
- A fifty-six (56) point infection control audit which highlights organizational adherence to infection control guidelines including, but not limited to, sterilization processes, handling of infectious and hazard waste, and hand hygiene was performed monthly at both clinic locations by the Infection Control Nurse, who reports results to both the CHW Administration Compliance and Governing Board Quality Assurance Committees.
- All clinical staff are educated about identifying, treating, and reporting patients suspected of being trafficked, abused, or neglected.
- All staff complete an annual HIPAA and privacy training, which reviewed administrative, technical, and physical safeguards implemented by Coastal Health & Wellness for protection of patient data and other proprietary information.
- To mitigate the chances of a systems breach, all staff watched a brief tutorial and was subsequently trained about cybersecurity attacks and how to prevent them, administered via the *Know Be 4* security training and through HHS state approved web-based trainings.

- In accordance with Section 2054.5192, Government Code, staff completed a mandatory Texas Department of Information Resources (DIR) certified cybersecurity course to be in compliance with the governing body of a local government.
- During each monthly in-service session, the Public Health Preparedness and Emergency Operations Manager reviewed with staff how they should respond to different plausible emergency situations such as hurricanes and adverse weather threats, refinery/plant explosions, and active shooter scenarios.

Status of Coastal Health & Wellness' Performance Relative to its Established 2022 Risk Management Goals

The following risk management goals were approved by the Governing Board Quality Assurance Committee and results were measured at the conclusion of the calendar year

Goal: Promote positive patient service experience with all staff, with a particular emphasis on treating patients in a courteous manner.
Performance Measure (PM): Reduce grievances by 30% from the previous year.
Result: ***MET*** – Complaint reduction of 34% from the prior year.

Goal: Offer optimal care for all patients throughout the entirety of their visit.
PM: Increase weighted results of patient satisfaction survey to 4.8.
Result: ***NOT MET*** – 4.6 cumulative score.

Goal: Promote patient appointment confirmations.
PM: Reduce the cumulative patient no-show rate to 20%.
Result: ***NOT MET*** – Cumulative total of 19.00%.

Goal: For safety and customer service purposes, ensure staff always wear their Coastal Health & Wellness issued identification cards in a readily visible manner.
PM: Biennial audits should yield at least 95% of identification cards being worn appropriately.
Result: ***MET*** **–** 100% of audited staff wore badges.

Goal: Minimize preventable injuries to all staff, patients and visitors.
PM: Incur zero preventable injuries at all CHW locations.
Result: ***NOT MET*** **–** Two preventable needlestick injuries occurred during the year.

Goal: Train staff on appropriate responses for different emergency scenarios.
PM: Facilitate at least six non-required emergency preparedness drills during the year.
Result: ***MET*** **–** Nine (9) non-required emergency preparedness drills were facilitated (mass vaccination clinics were also deployed at various sites throughout the county).

Goal: All staff is trained on SDS material pertinent to his/her work area and responsibilities. All staff is trained on equipment critical to his/her job performance.
PM: Ensure documented training rate of 100% within 30 days of hire.
Result: ***MET*** **–** All staff hired during the reporting period were trained on critical equipment and applicable SDS materials within thirty (30) days of new-hire.

Goal: Train staff regarding detection of and follow-up actions for suspected human trafficking victims.
PM: Provide training to 100% of employees about how to report suspected human trafficking.
Result: ***MET*** **–** 100%. All employees hired by Coastal during the reporting quarter completed the new-hire human trafficking training. Annual all-staff training is being conducted in November 2022.

Goal: Staff receive safety and incident reporting training.
PM: Documentation exhibiting 100% of staff received risk management and safety training.
Result: ***MET*** **–** 100%. All employees hired by Coastal during the reporting quarter completed the new-hire safety and incident reporting training. Annual all-staff training is being conducted in October 2022.

Goal: Continue to promote staff knowledge of hand-hygiene practices and policies.
PM: Maintain cumulative hand-hygiene score of at least 95%
Result: ***MET*** **–** 97%. Data captured by Infection Control Nurse, who performs hand hygiene audits monthly.

DATA FOR NEXT SEVEN CATEGORIES WERE CAPTURED MONTHLY BY THE HEALTHCARE COMPLIANCE SPECIALIST DURING MONTHLY ENVIRONMENTAL, RISK, SAFETY AND COMPLIANCE AUDITS.

Goal: Protect patients and staff by ensuring incidents and adverse events are promptly reported.
PM: 100% of incident reports should be made within two business days of the incident's occurrence.
Result: ***MET*** **–** 100%.

Goal: Protect staff and patients by promptly reporting issues requiring landlord attention.
PM: Report 100% of building and/or maintenance related issues to applicable landlord within 24 business hours of discovery.
Result: ***MET*** **–** 100%.

Goal: Maintain staff and patient safety by keeping equipment properly tested and maintained.
PM: 95% of equipment (100% of critical equipment) documented in Equipment Inventory Log should be inspected and calibrated in accordance with manufacturer's recommendations.
Result: ***MET*** **–** 100%.

Goal: Continue to promote staff knowledge of hand-hygiene practices and policies.
PM: SDS binders were complete and up to date in Medical and Lab; however, three sheets for chemicals no longer used were found in the Dental binder during the Q4 audit.
Result: ***MET*** **–** 95%. SDS audits were performed in the second and fourth quarters of each year.

Proposed Risk Management Activities for the next 12-month period

Coastal Health & Wellness has implemented a robust and effective Risk Management Plan. Coastal Health & Wellness performs and will continue to perform risk management activities, including but not limited to the following during the next 12-month period:

- Continuing to monitor incidents and near misses to determine whether there are issues and/or trends that need to be addressed through system improvements to reduce the probability of future related events.
- Review training requirements and make any changes as needed to reflect new or revised requirements and determine if new trainings should be added based upon incidents or grievances reported or updated best practice protocols.
- Continue stringent infection control training, auditing, and monitoring.
- Ensure patient management activities are implemented, including, but not limited to, continuing to assess whether there is appropriate access to same day appointments and rate of no shows; whether staff appropriately triages patients; whether staff remains in accordance with Infection Control Plan when applicable; that PCMH standards are established; and that medical records be maintained in a confidential manner.

2023 Risk Management Goals

Coastal Health & Wellness' specific risk management goals for 2023 will continue to be monitored and reported quarterly to the Governing Board Quality Assurance Committee. Additions or changes to the training schedule will be made based on trends and identified areas of improvement as deemed needed by the QA Board Committee and/or by the QAPI committee.

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Governing Board
May 2023
Item#6
Consider for Approval Revised Coastal Health & Wellness Risk Management Training Plan

Coastal Health & Wellness
Risk Management Training Plan
2023
Approved:
Revised: April 2023

Article I Risk Management Training Program Goals

Risk Management is the responsibility of all Coastal Heath & Wellness ("CHW") employees, including providers, clinicians, managers, volunteers, and staff. Risk management spans the entire operation and most functional areas, and all employees should be trained on risk management functions and responsibilities. CHW's Risk Management Training Program's goals and objectives are to create a culture of safety by:

1. Promoting safe and effective patient care practices;
2. Minimizing errors, events, and system breakdowns;
3. Minimizing effects of adverse events when they occur;
4. Minimizing losses to CHW by being proactive and attentive;
5. Maintaining a safe working environment;
6. Facilitating compliance with regulatory, legal, and accrediting agencies;
7. Protecting CHW's financial resources; and
8. Protecting human and intangible resources.

Article II Process for Selection of Training Requirements

1. Using trend data and other risk management data (e.g., claims data, patient complaints, incident reports, adverse events, services provided and inherent nature/risk of such services), the areas/activities of highest risk for CHW patient safety and ensuring consistency with CHW's identified scope of project(s).
2. Training courses are then selected to mitigate or minimize the areas identified as highest risk.

Article III Training Courses

1. All staff will be trained on risk management topics applicable to their scope of work upon hire and thereafter on an annual basis. This includes providers, clinicians, managers, volunteers, and support staff.
2. CHW has identified required courses for all staff and specialized training to mitigate or minimize risk of injury to patients and potential for liability to CHW, as set forth in Paragraphs 3 and 4 of this Article.

3. ***Required Courses for All Staff*.** All staff will be required to complete risk management training on the following in accordance with the schedule/due dates outlined in CHW's Risk Management Training Log (see, Risk Management Training Log):

   COURSE NAME (TENTATIVE DATE OF TRAINING**)

   - Anti-Fraud Training (January 2023)
   - Emergency Operations Plan (February 2023)
   - Child, Elderly and Domestic Abuse Reporting Training (March 2023)
   - Cultural and Linguistic Training (April 2023)
   - Fire Safety Training (May 2023)
   - Creating a Culture of Safety (June 2023)
   - Obstetrics: Safe, Equitable Care for all Women – 3-part series (June-August 2023)
   - Infection Control: Hand Hygiene (August/September 2023)
   - Infection Control: Bloodborne Pathogen Exposure (August/September 2023)
   - Safety Management Plans (October 2023)
   - Hazardous Communication Training (October 2023)
   - Identifying and Reporting Human Trafficking (November 2023)
   - HIPAA and Patient Confidentiality (December 2023)

4. ***Specialized Courses for Select Staff.*** In addition to the required courses outlined above, staff in the following professions/fields will also be required to attend and complete specialized risk management courses applicable to these professions/fields, in accordance with the schedule/due dates outlined in CHW's Risk Management Training Log (see, Risk Management Training Log):

   i. All practitioners must complete their continuing medical education requirements or other applicable licensure requirements to maintain licensure, registration or certification.

   ii. Obstetrics/Gynecology: Prenatal and postpartum care providers are required to complete risk management training specific to this type of care.

   UTMB Residents provide OB services (prenatal and postpartum care only).

iii. Dental Instrument Sterilization Training for select staff, as applicable. *CHW exclusively uses disposable instruments for all medical and laboratory procedures, therefore only members of the dental staff are required to undergo instrument sterilization training.*

iv. CHW requires specific risk management trainings for groups of providers that perform various services which may lead to potential risk including:

1. Behavioral Health
2. Dental
3. Maternal Health Care

v. Staff that handle hazardous materials must complete Hazardous Waste and Disposal training within ninety (90) days of hire and every three years thereafter.

vi. Providers will be trained on reporting potential malpractice claims that could invoke litigious action, and the Anti-Kickback and Stark Laws.

5. ***Other Courses/Training.*** The Risk Manager may identify and require additional courses/training for some or all staff, as appropriate, to address any incident, identified trend, near miss, patient complaint or any other circumstance.

Article IV Tracking Training Attendance and Completion

1. Tracking Methods

   a. Staff must complete required all applicable risk management training upon hire and on an annual basis thereafter.

   b. Attendance and/or completion of training courses will be tracked in a manner appropriate to the method by which the course was conducted (e.g., in-service sign-in log for in-person courses; certificates of completion for individual online courses, attestation of review and completion for other courses).

   c. Staff who are unable to attend in-service sessions during which a required training is provided must make-up the training by attending the next New Hire Orientation session, where the training(s) will be offered, or will be required to complete the training in the online training upon return to work.

2. Performance Reviews/Credentialing and Privileging

    a. Compliance with training requirements will be documented in staff personnel records and considered during performance reviews and/or credentialing and privileging determinations.

3. Non-Compliance with Training Requirements

    a. The Risk Manager in conjunction with Human Resources will monitor staff compliance with training requirements. Failure to complete the training may result in the staff member's referral to Human Resources for disciplinary action, up to and including termination.

4. Appropriate Sources of Training/Mode of Delivery

    a. Training is facilitated during employee in-service sessions, which are held from 8:00 am-12:00 pm on the second Wednesday of every month.

    b. Training may also be conducted either in person, online, individually or in a group setting utilizing courses developed by CHW or through outside sources (e.g., ECRI Institute; MedTrainer).

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Governing Board
May 2023
Item#7
Consider for Approval Coastal Health & Wellness
Medical Records Fee Schedule

-Approved: 05/27/2021
By: CHW Governing Board
Effective:4/1/2014

MEDICAL RECORDS FEE SCHEDULE

When requested by a PATIENT, PATIENT'S AUTHORIZED REPRESENTATIVE/GUARDIAN, ATTORNEY, or INSURANCE COMPANY:

MEDICAL	DENTAL
Medical Records (physical copies): Number of Pages — Charge Amount 1 – 19 — $1.25/page First 20 — $25.00 (flat fee) 21 or more — $25.00/first 20 pages + $0.50/additional page **Medical Records (electronic copies):** Number of Pages — Charge Amount 500 (or less) — $25.00 (flat fee) 501 (or more) — $50.00 (flat fee) **Lab results requested by patients or their legal guardians shall be made available to the individual at no cost.* **Medical records requested for a disability claim or appeal:** Initial copy: no charge Secondary/duplicate copies: in accordance with above-mentioned charges.	**Dental Records (physical copies):** Number of Pages — Charge Amount 1 – 19 — $1.25/page First 20 — $25.00 21 or more — $25.00/first 20 pages + $0.15/additional page **Dental Records (electronic copies):** Number of Pages — Charge Amount 500 (or less) — $25.00 (flat fee) 501 (or more) — $50.00 (flat fee) **Diagnostic Images:** Cost of materials, labor and overhead up to, **but not exceeding, $8.00 per image.** **Dental records requested for a disability claim or appeal:** For initial copy: no charge For secondary/duplicate copies: in accordance with above-mentioned charges.

When requested by a GOVERNMENT AGENCY or GOVERNMENT CONTRACTOR:

MEDICAL and DENTAL
Medical and/or dental records requested by or on behalf of governmental agencies or their proxies, regardless of reason, must: a) be requested in writing; b) in a manner deemed valid by the Executive Director or designee; and c) approved for release in writing by the Executive Director or designee. Should release of these records be consented to by the Executive Director or his/her designee, charges for dissemination of said records may meet, but not exceed, the cost of materials, labor and overhead required to generate and transfer records.

Additional and Contingency Fees:

MEDICAL and DENTAL	
Postage: Actual cost	Non-rewritable CD (CD-R): $1.00 per disc
Labor: Up to, but not to exceed, $15.00/hour	Notary fee: $6.00
Rewritable CD (CD-RW): $1.00 per disc	Execution of affidavit fee: $15.00
Patient billing record when requested by an attorney: $25.00/record	

All clinical record releases shall be made in accordance with applicable federal and state laws. Requests elicited in any manner not defined above shall immediately be forwarded to the Executive Director or designee, to determine nature, permissibility, and lawful compliance for appropriate response to the request.

The Executive Director reserves the right to waive or reduce fees for the transmission of clinical records as he/she deems appropriate. This document is not intended to nor should ever be construed as an instrument utilized to preempt governing law of any form. In the case that any such fee or principle outlined in this policy is determined to be inconsistent with an authoritative statute, the terms set forth by the statute should prevail in their entirety.

**Coastal Health & Wellness' fee schedule is set forth in accordance with the Texas Medical Board (TMB) rules (including §165.2. Medical Record Release and Charges) as permitted under Texas law.*

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Governing Board
May 2023
Item#8
Consider for Approval Coastal Health & Wellness
Dental Scope of Service Policy

Coastal Health & Wellness
Serving, Healing, Caring

www.coastalhw.org

-Approved: 05/26/2022
By: CHW Governing Board
-Effective: 4/1/2014

Coastal Health & Wellness Dental Clinics Scope of Services Policy

Purpose

This policy applies to all Coastal Health & Wellness patients that require primary oral health services.

Policy

It is the Coastal Health & Wellness policy to provide comprehensive primary oral health services to its patients. Personal oral health care is delivered in the context of family, culture, and community, which includes all but the most specialized oral health needs of the individuals being served. The range of services includes required preventive care and education as well as additional dental services outlined below.

Definitions

Preventive Dental (Required) – Activities include basic dental screenings and recommendations for preventive intervention; oral hygiene instruction and related oral health education (e.g., prevention of oral trauma and oral cancer), oral prophylaxis, as necessary; and topical application of fluorides (e.g., fluoride varnishes) and the prescription of fluorides for systemic use when not available in the water supply.

Risk assessment should occur for all patients at all comprehensive and periodic exam visits. Screening for caries and periodontal disease may be completed using dental x-rays.

Additional Dental Services – Additional dental services are basic services at a general practice level to diagnose and treat disease, injury, or impairment in teeth and associated structures of the oral cavity and include any diagnostic x-rays or imaging.

Services include fillings and single unit crowns; non-surgical endodontics, extractions periodontal therapies, bridges or dentures.

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Governing Board
May 2023
Item#9
Consider for Approval Coastal Health & Wellness Infection Control Plan/Goals for 2023 Submitted by Debra Howey

Coastal Health & Wellness (CHW)
2023 Infection Control Plan

Introduction Update

The CHW Infection Control Plan (ICP) has been developed as part of the CHW Infection Prevention and Control Program (IPCP). The primary goal of an infection prevention and control program (IPCP) is to prevent health care-associated infections (HAIs). Its purpose is to provide guidelines, procedures, and practices to reduce the risk of spreading infectious diseases, promote safer work practices in caring for patients and others, and to assist staff in conforming to standards, evidence-based rules, regulations, and practices.

This plan has been developed utilizing a hierarchical method to address the various IPC requirements relevant to the organization.

Including:

A. Local, state, and federal rules and regulations (such as those from the Occupational Safety and Health Administration [OSHA] and the Food and Drug Administration [FDA]).

B. Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) particularly for those healthcare organizations using Joint Commission accreditation for CMS deemed status purposes.

C. Manufactures' instructions for use (IFU).

D. Consensus Documents.

E. Evidenced-based guidelines and national standards (such as Joint Commission standards) and guidance from the CDC and WHO.

Guidelines established by the Centers for Disease Control (CDC) and Prevention incorporates guidance and recommended practice for sterilization set forth by the Association for the Advancement of Medical Instrumentation (AAMI).

Leadership approves the annual Infection Control Plan (ICP) and supports its implementation strategies.

IC.01.05.01 The organization has an infection prevention and control plan.

Responsibilities

A. All CHW staff, including volunteers, students, and contractors, are responsible for:
   1. Adhering to the hand hygiene guidelines.
   2. Adhering to the plan for the prevention and control of infections.
   3. Notifying their supervisors or designee of infection related issues.
   4. Reporting exposure incidents in the workplace to the Risk and Safety Coordinator/Compliance & Risk Management Officer.

B. Supervisors are responsible for:
   1. Understanding the general guidelines and principals and those that apply to their departments or programs.
   2. Orienting their new staff to the applicable guidelines.
   3. Periodically training staff on the guidelines.
   4. Monitoring the practices of their staff in the workplace.
   5. Assuring any exposure incidents in the workplace are reported to the Risk and Safety Coordinator/Human Resources.
   6. Counseling employees who need guidance or redirection in infection control practices.

C. Infection Control Nurse (ICN) is responsible for:
   1. Surveillance monitoring of outcome and processes to plan, implement, evaluate, and improve ICP strategies.
   2. Orientation of new CHW staff to the ICP and its components.
   3. Education and annual staff training related to infection prevention and control activities.
   4. Monitoring, evaluating, and reporting program effectiveness.
   5. Expanding activities as needed in response to unusual events or to control outbreaks of disease.
   6. Reviewing and recommending revisions of the ICP to the Compliance Committee quarterly or more frequently if indicated.
   7. Overseeing the seasonal influenza vaccination program for CHW staff.

D. The Compliance Committee will consist of CHW staff and leadership including the Executive Director (ED) and/or designee, the Medical Director and/or designee, Lead Mid-Level, the Dental Director and/or designee, Infection Control Nurse, Nursing Director, Lab/X-Ray Manager, Supervisor of Dental Assistants, and the Compliance & Risk Management Officer. The committee will be chaired by the Nursing Director, and responsibilities include the following:

   1. Meet monthly to review surveillance data collected by the ICN and managers; this will include reports on handwashing data, spot audits conducted in all clinical areas (dental, lab and medical), reports on sterilization monitoring, and any other issues that might arise, such as any infectious disease trends. Report results of surveillance, data analysis and trends to the Compliance Committee quarterly.
   2. Review any incidents that involve infection control activities.
   3. Review the annual Risk Assessment and develop next year's multidisciplinary Risk Assessment.
   4. Develop annual Goals and Responsibilities for the IPCP and report progress and outcomes to the GB QA and the GB annually.
   5. Review and update the IPCP annually and as needed if any special circumstances arise.

Risk Assessment

An infection control risk assessment will be conducted annually and presented to the Compliance Committee for review and recommendations. The risk assessment will include consideration of the community and population served by the CHW clinics, care and services provided, and infection surveillance data. Based upon the annual risk assessment, infection control goals and responsibilities will be established, measured, and reported upon to the Compliance Committee, the GB QA committee, and the Governing Board.

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SECTION 1: Standards and Guidelines

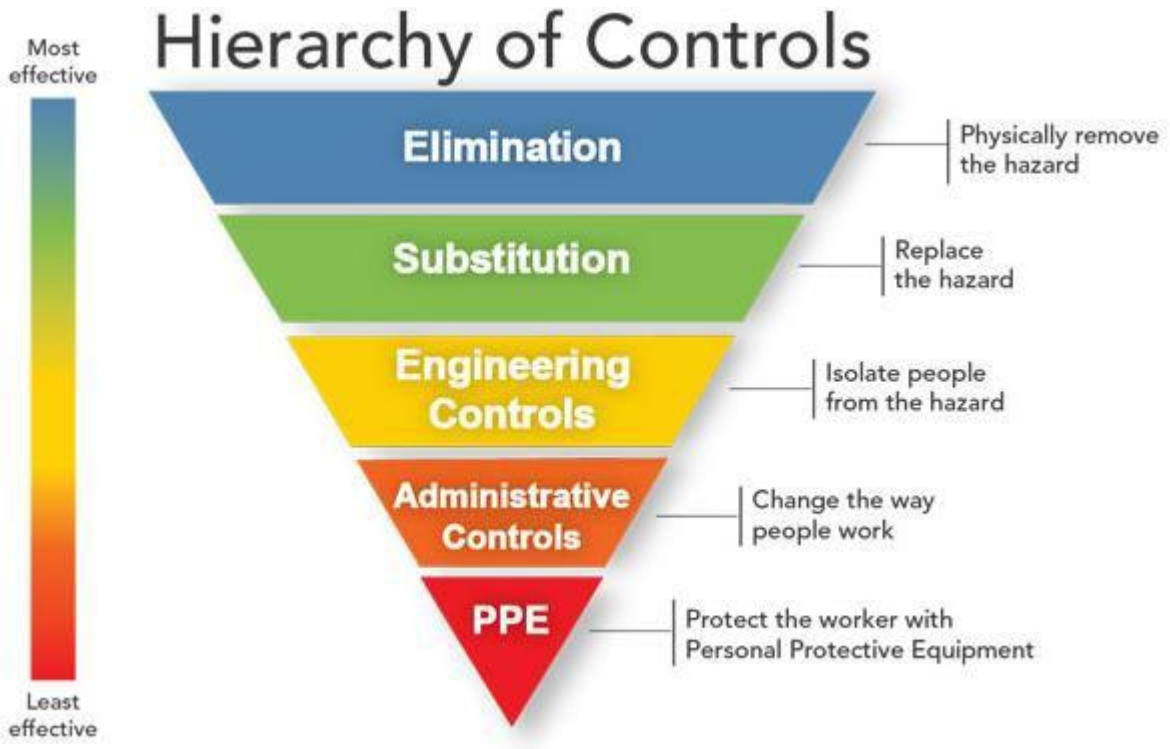
IC.02.01.01 The organization implements its infection prevention and control activities.

Coastal Health & Wellness (CHW) is a "healthcare setting" where healthcare is delivered in outpatient facilities. Standards and guidelines are designed to proactively prevent the spread of infection in healthcare settings. CHW utilize Centers for Disease Control and Prevention (CDC) guidelines, The National Institute for Occupational Safety and Health (NIOSH), Occupational Safety and Health Administration (OSHA), World Health Organization (WHO) and Association for Advancement of Medical Instrumentation (AAMI) guidelines are utilized in the dental clinic and medical clinics.

A Hierarchy of Controls is used as a means to determine how to implement reasonable and effective controls as an infection control strategy to prevent transmission of pathogens in a patient-care delivery system.

Hierarchy of Controls as follows, from the most effective to the least effective:

- Elimination-physically removes the hazard.
- Substitution-replace the hazard.
- Engineering Controls-isolate people from hazards.
- Administrative Controls-change the way people work.
- PPE-Protect the worker with Personal Protective Equipment.



1.1 Standard Precautions

Standard Precautions are an infection control strategy to prevent transmission of pathogens and are recommended for all patient-care delivery settings. They are based on the concept that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible pathogens. Based on principle of: All patients, all times, protecting yourself, protecting patients.

Standard Precautions are intended to address all modes of transmission by any type of organism. They are based on a risk assessment and make use of common-sense practices and personal protective equipment that protect healthcare providers from infection and prevent the spread of infection from staff to patient/patient to patient.

All occupational exposures to blood and or other potentially infectious materials (OPIM) place healthcare providers at risk for infection with bloodborne pathogens. Standard Precautions are designed to reduce exposure to blood and other potentially infectious material (OPIM).

Standard Precautions include the following:

Hand hygiene:

Hand hygiene is an institutional priority for all clinical and non-clinical staff. During the delivery of healthcare, it is advised that healthcare workers protect themselves and patients from potentially deadly pathogens by cleaning their hands the right way, at the right time.

- Hand Hygiene means cleaning your hands by:
  - Handwashing (washing hands with soap and water (water temperature 85–100-degree F).
  - Antiseptic hand rub (alcohol-based hand sanitizer foam or gel, 60-90% alcohol).
  - Surgical Hand antisepsis using antimicrobial soap and water, handwashing, followed with alcohol-based hand sanitizer with fast acting and persistent activity.

- Wash hands with soap and water:
  - When hands are visibly dirty
  - After known or suspected exposure to patients with diarrhea
  - Before eating
  - After using a restroom

- Alcohol -Based hand sanitizer for everything else (ABHS)

- During routine patient care: 5 moments of hand hygiene:
  - Before patient contact
  - Before a clean/aseptic procedure
  - After body fluid exposure risk
  - After patient contact
  - After contact with patient surroundings

- Hand Hygiene:
  - Before donning gloves

- After removing gloves
- Before handling medication

- Surgical Hand antisepsis using antimicrobial soap and water **or** alcohol-based hand sanitizer with fast acting and persistent activity is recommended before donning sterile gloves when performing surgical procedures. Remove jewelry that could potentially tear sterile surgical gloves. Remove debris from under fingernails before starting hand hygiene.
  - Using an antimicrobial soap, scrub hands and forearms for the length of time recommended by the manufacture, usually 2-6 minutes.
  - When using an alcohol-based surgical hand-scrub product with persistent activity, follow the manufacturer's instructions. Before applying the alcohol product, pre-wash hands and forearms and dry hands and forearms completely. After application of the alcohol-based product as recommended, allow hands and forearms to dry thoroughly before donning sterile gloves.

Personal Protective Equipment (PPE):

Use PPE whenever there is an expectation of possible exposure to infectious material/agents. Specialized equipment is to be worn by an employee for protection against infectious materials, to reduce the risk of infection. The availability of PPE at the point of use is critical based on unit need. Strategies for optimizing the supply of PPE during shortages: Conventional, contingency, or crisis capacity. Appropriate PPE is provided for employees as follows:

- Gloves- Protect hands and use when touching blood, body fluids, secretions, excretions, contaminated items, and for touching mucous membranes and non-intact skin. Wearing gloves is not a substitute for hand hygiene and hands should always be cleaned before donning and after removing gloves.

- Mask, eye protection and face shield- Wear a disposable face mask, mask with attached eye protection, fluid resistant surgical mask, and eye protection (goggles) or a full-face shield (covers full face below chin and wraps around sides of face) to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood or body fluids, secretions, and excretions.

- N-95 Respirators- NIOSH approved/fit tested, used for "aerosol-generating procedures" or "airborne transmission" with a full-face shield. Use of N-95 respirators due to response of international emergence of COVID-19. Fit testing at orientation of clinical staff needing to wear N95 respirator, yearly and as needed for weight loss or gain and facial alterations.

- Gowns- Wear a gown (fluid-resistant, when possible) to prevent soiling or contamination of clothing during procedures and patient care activities when contact with blood, body fluids, secretions or excretions is anticipated. Donning/Doffing per CDC.

- Hair Coverings- To contain hair and minimize microbial dispersal during the sterilization preparation process.

Respiratory Hygiene/Cough Etiquette:

- Employees are expected to contain respiratory secretions by covering the nose/mouth when coughing or sneezing, use tissues to contain respiratory secretions and dispose of used tissues in the nearest no-touch receptacle (foot-pedal-operated lid or open, plastic lined waste basket) and to perform hand hygiene after contact with respiratory secretions.

- Signs will be posted at entrances and common meeting areas with instructions for patients to cover their mouths/noses when coughing and sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions.

- Respiratory stations will be stocked with masks, tissue and ABHS, cleaned, and maintained at the entrance to both clinics and medical waiting rooms.

- Staff will be instructed to provide masks to patients who are actively coughing when they present at the clinic for care, or if guideline for all to don face covering/mask when entry to clinic. Due to COVID-19, all who enter CHW are required to wear face-covering nose and mouth, while in the facility. Also, hand hygiene before entry. Guidelines for masking are decided by administration, based on community risk/need and CDC guidelines.

- Patients suspected of having an airborne communicable disease should be placed in an area away from others, such as in an exam room.; this is based on the Infectious Disease Guidelines/Nursing staff decision. See Infectious Disease Guidelines for room assignments.

- Avoid touching your eyes, nose, and mouth, and clean your hands often.

Ensure appropriate patient placement-
Include the potential for transmission of infectious agents in patient- placement decisions. Based on transmission-based precautions used in addition to standard precautions.

- Place patients who pose a risk for transmission to others in an exam room as soon as possible. This decision is based on Infectious Disease Guidelines/Nursing staff decision.

Properly handle and properly clean and disinfect patient care equipment and instruments/devices-Protocols and procedures should be established for containing, transporting, and handling patient-care equipment and instruments/devices that may be contaminated with blood or body fluids.

- Remove organic material from instruments/devices using recommended cleaning agents to enable effective disinfection and sterilization processes.

- Wear PPE (personal protective equipment), such as gloves and gowns according to the level of expected contamination, when handling patient-care equipment and instruments/devices that are visibly soiled or may have been in contact with blood or body fluids.

Clean and disinfect the environment appropriately-

Establish protocols and procedures for routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling.

- Clean and disinfect surfaces likely to be contaminated with pathogens, including those near the patient and surfaces in the patient-care environment that are frequently touched (doorknobs, light switches, chair arms), after each time on a more frequent schedule compared to that for other surfaces such as horizontal surfaces in waiting rooms, and employee workstations.

- Use EPA-registered disinfectants that have microbicide activity against the pathogens most likely to contaminate the patient care environment. Use according to manufacturer's instructions. Use Cleaning/Disinfecting Wipes: List N: Disinfectants for use Against SARS-CoV-2 (COVID-19), list Q for Emerging Viral Pathogens (Mpox), List K for C-diff, List P for candida auris, updated as needed.

Follow safe injection practices-

- Use clean or aseptic techniques, in clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medication and sterile injection equipment.

- During preparation, visually inspect the medication for particulates, discoloration, or other loss of integrity.

- Disinfect the rubber septum on a medication vial, with alcohol before piercing or according to medication IFU's.

- Do not re-use needles or syringes to enter medication vial or solution, even when obtaining additional doses for the same patient.

- Do not administer medications from a syringe to multiple patients.

- Needles, cannulas, and syringes are single patient use items.

- Single-dose vials, ampules or pre-filled syringes are intended for use on only one patient. Use whenever possible.

- If there are medications that do not come in single use vials, then the multidose vial must be discarded after the first use. Exceptions are specific vaccines, PPD skin test and Insulin. If necessary to use medication from multi-dose vial, it must be prepared in clean medication room, with label indicating name of medication, dose, lot number and expiration date. Then taken to patients' room for administration. With a 28-day expiration after opening.

- Do not use a single-dose vial or ampule for several patients or combine contents of several vials.

Ensure healthcare worker safety including proper handling of needles and other sharps-

Engineering, work practice, and environmental controls have all been developed to prevent and control the spread of infection related to the use of needles and other sharps in the healthcare setting. Refer to the CDC Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program.

- Requirements for handling sharps state that: **contaminated sharps** are needles, blades (such as scalpels), scissors, and other medical instruments and objects that can puncture the skin. Contaminated sharps must be properly disposed of immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on the sides and bottom, and color-coded or labeled with a biohazard symbol.

- Discard needle/syringe units without attempting to recap the needle unless it is unsafe to do so.

- Always activate self-capping needle protector.

- If a needle must be recapped, **never** use both hands. Use the single hand "scoop" method by placing the cap on a horizontal surface, gently sliding the needle into the cap with the same hand, tipping the needle up to allow the cap to slide down over the needle, and securing the cap over the needle with the same hand.

- Dental uses Pro Tector/Needle Sheath Prop-One-Handed Recapper.

- Never break or shear needles.

- To move or pick-up needles, use a mechanical device or tool, such as forceps, pliers, or broom and dustpan.

- Dispose of needles in labeled sharps containers only; sharps containers must be accessible and maintained upright. When transporting sharps containers, close the containers immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport. Ensure that the closed lid is locked in place (secured with 2 inch tape) before transport.

- When transporting sharps containers, close the containers immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.

- Fill the sharps container up to the fill line or two thirds full. Do not overfill the container.

- Sharps containers are secured in place while in use in the clinical area.

- In healthcare setting no sharing of fingerstick devices or insulin pens.

- Blood glucose meters must be cleaned and disinfected according to manufacturer's instructions (IFU's) between uses.

- Creation of a team to review and evaluate Sharps Injury Prevention Devices.

1.2 Transmission Based Precautions

In addition to Standard Precautions, which are used with all patients, some patients require additional precautions known as transmission-based precautions. Transmission-based precautions are measures to protect against exposure to a suspected or identified pathogen. There are three types (or combination) of transmission-based precautions: Contact, Droplet and Airborne.

Contact Precautions

Contact precautions are designed to minimize transmission of organisms that are easily spread by contact with hands or objects. CDC Contact Precautions are summarized below:

- Use of Personal Protective Equipment
  - Put gloves on upon entry into the exam room.
  - Put on a gown upon entry and remove and perform hand hygiene before leaving the exam room.
  - After removal of gown, ensure clothing and skin do not contact environmental surfaces in the patient-care area.

- Patient Transport
  - Limit transport and movement of patients outside of the exam room unless medically necessary.
  - If it is necessary to move the patient, ensure the infected area of the patient's body is covered.
  - Remove and dispose of contaminated personal protective equipment and perform hand hygiene prior to transporting, (leaving exam room).
  - Don clean personal protective equipment to handle the patient at the transport destination.

- Patient-Care Equipment and Instrument/Devices/Cleaning and disinfecting room
  - Handle equipment and instruments/devices according to Standard Precautions.
  - Use disposable equipment or implement patient-dedicated use. If common use is unavoidable, clean and disinfect before use on another patient.
  - Clean and disinfect contaminated reusable noncritical patient-care equipment.
  - Exam room/area cleaned and disinfected prior to use by another patient, focus on frequently touched surfaces and equipment.

Droplet Precautions

Droplet precautions are designed to prevent transmission of diseases easily spread by large-particle droplets produced when the patient coughs, sneezes, talks or during the performance of procedures.

- Place suspected infectious patients in an exam room as soon as possible and instruct patients to follow Respiratory Hygiene/Cough Etiquette recommendations.

- Source control: put a mask on the patient.

- Staff will wear a mask upon entry into the exam room, use PPE appropriately and limit transport of patient outside the room.

Airborne Precautions

Airborne Precautions are designed to prevent transmission of diseases spread by the true airborne route.

- Identify patients requiring Airborne Precautions.
- Put a surgical mask on the patient, instruct in respiratory hygiene/cough etiquette, and place in an examination room, based on Nursing recommendations for room assignment.
- Restrict the number of healthcare personnel from entering the room.
- Healthcare personnel use appropriate PPE, including a fit-tested NIOSH approved N-95 respirator, cover with full-face shield.
- Caregivers should wear a mask when entering the patient's room.
- Limit transport or movement of patient out of the room.
- Once the patient leaves, the room should remain vacant for two hours to allow full exchange of air. Exam room/area terminally cleaned and disinfected with an EPA registered disinfectant: Tuberculocidal used according to manufacturer instructions, prior to use by another patient.

1.3 Tuberculosis (TB) Exposure Control Plan

Tuberculosis has long been recognized as a risk in health care settings, and the emerging incidence of drug resistant and multi-drug resistant (MDR) TB illustrates the need to monitor for possible TB exposure in the CHW clinics. TB rates in the county are monitored by the Texas DSHS Tuberculosis Control Program and the GCHD TB Program.

The CHW clinics have been identified through a TB Risk Assessment (CDC, Texas DSHS form) as low risk settings where exposure to TB is unlikely. An annual assessment is conducted, and if any suspected/confirmed cases of TB are identified, a new assessment will be conducted at that time.

Following the CDC TB Screening and Testing of Health Care Personnel Updated August 30, 2022.

As a condition of employment, see Employee and Pre-hire Immunization and Screenings Policy (last approved UBOH 12/07/2022):

TB screenings for new employees: all new employees must provide a current (less than 12 months from date of hire) TST (tuberculin skin test) or IGRA (Interferon Gamma Release Assay) prior to their start date. In the event a new hire employee is a prior positive reactor, a chest X-ray (done less than 12 months from date of hire) will suffice for clearance. Any employee exposed to active TB will undergo post-exposure repeat screening.

Positive reactors will be evaluated by the GCHD TB Program Manager. Any employee found to have active pulmonary tuberculosis will be excluded from the workplace while contagious.

Texas DSHS recommendations reviewed 4/5/2023:

Annual TB testing using an IGRA or TST is not **routinely** recommended. Health care facilities should perform TB testing and complete a signs and symptoms assessment after known or ongoing exposure to TB or complete a signs and symptoms assessment annually for HCP with untreated TB infection. HCP should also be educated about TB treatment options for TB infection.

TB Screening and Testing of Health Care Personnel Updated, DSHS TX reviewed April 5, 2023.

Annual TB testing of health care personnel is **not** recommended unless there is a known exposure or ongoing transmission at a healthcare facility. Health care personnel with untreated latent TB infection should receive an annual TB symptom screen. Symptoms for TB disease include any of the following: a cough lasting longer than three weeks, unexplained weight loss, night sweats or a fever, and loss of appetite.

All health care personnel should receive TB education annually. TB education should include information on TB risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures.

OSHA refers to CDC for recommendations:

TB Exposure Control Procedures for Suspected or Known Active TB Cases
Provide a surgical mask for the person to wear to contain droplets. Recognize the signs and symptoms of active TB - these include hemoptysis, fatigue, fever, chills, night sweats, loss of appetite and weight loss.

- Once the patient leaves, the room should remain vacant for two hours to allow full exchange of air. Exam room/area terminally cleaned and disinfected with an EPA registered disinfectant: Tuberculocidal used according to manufacturer instructions, prior to use by another patient.

- Any suspected or known case of tuberculosis in a patient or employee must be reported to the GCHD TB Program (ext. 2217 or 2354). Call Kelly Kanon, RN, TB Program Manager 409-938- 2354. TB Fax line 409-938-2220.

The examining room used as a holding area should be closed for 2 hours and terminally cleaned after the patient has left and then disinfected with an EPA registered disinfectant: Tuberculocidal used according to manufacturer instructions.

1.4 Bloodborne Pathogens in Healthcare Facilities Exposure

- Appendix A 2023 CHW Infection Control Plan.

1.5 Respiratory Protection Program

- Appendix B 2023 CHW Infection Control Plan.

SECTION 2: Medical Surveillance

Healthcare workers face risks to their own health when taking care of patients. The elements of a medical surveillance program are used to establish an initial baseline of workers' health and then monitor their future health as it relates to their potential exposure to hazardous agents. This information can be used to identify and correct prevention failures leading to disease. Early identification of health problems can also benefit individual workers.

2.1 Employee Health

- All employees will follow established policies regarding immunizations and tuberculosis skin tests. Refer to "Employee and Pre-Hire Immunizations" policy UBOH 12/07/2022.

- Employees who may be infected with a communicable disease transmitted through airborne or casual contact may not return to work until released by their medical provider who deems them non-infectious. Supervisors who suspect that an employee has a communicable illness may require the employee to seek medical attention and a release to return to work.

- Employees are strongly encouraged to obtain a yearly seasonal influenza vaccine; if an employee is unwilling or unable to be vaccinated, they will be required to wear a surgical mask while engaged in direct patient care during flu season. See addendum to UBOH Employee and Pre-hire Immunizations and screening policy UBOH 08/10/2022. The Declination of Influenza vaccine must be completed and submitted to their Supervisor, Immunizations Program manager and Human Resources.

2.2 Infectious Diseases and Occupational Health Strategies

Several standards and directives are directly applicable to protecting workers against transmission of infectious agents:

These include:

- Bloodborne Pathogens Training OSHA Standard 1910.1030 (see Appendix A for CHW BBP Plan).

- CDC Guidelines.

- Personal Protective Equipment.

- Respiratory Protection/OSHA Standard 1910.134 (See Appendix B for CHW Respiratory plan)

Bloodborne Pathogens Training

CHW provides bloodborne pathogens training for all workers who may encounter blood and other potentially infectious materials (OPIM) in their jobs, based on Occupational Safety and Health Standards (OSHA) 1910.1030 Bloodborne Pathogens.

- This training includes information on bloodborne pathogens and diseases, methods used to minimize risk and control occupational exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures.

- CHW offers this training for new hires, annually thereafter, and when new or modified tasks or procedures affect a worker's occupational exposure.

CDC Guidelines

- To prevent transmission of bloodborne pathogens to healthcare workers, the CDC recommends:
  - Strict adherence to sharps safety guidelines and Standard Precautions.
  - Hepatitis B vaccination of healthcare worker.
  - Post-exposure prophylaxis and counseling in the event of exposure incident.

Personal protective equipment

- Surgical masks are used as a physical barrier to protect the user from hazards, such as splashes of large droplets of blood or body fluids; they also protect other people against infection from the person wearing the surgical mask. Such masks trap large particles of body fluids that may contain bacteria or viruses expelled by the wearer.

- When there is identified potential occupational exposures, staff will don appropriate PPE, including gloves, gowns, face shields, masks, and eye protection.

- Wear gloves (clean, nonsterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient, and clean hands immediately to avoid transfer of microorganisms to other people or environments.

- Wear a gown (a clean, nonsterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Disposable gowns are utilized in the CHW clinics. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove and dispose of soiled gowns as promptly as possible and clean hands to avoid transfer of microorganisms to other people or environments.

- Wear a mask and eye protection or a face mask to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

- **Respiratory Protection**: N-95 respirators, OSHA Standard 1910.134

- **See Appendix B for CHW Respiratory Protection Plan**

  - N95/filtering facepiece respirator, (NIOSH-certified respirator) filter efficiency of 95%-is a personal protective device worn on the face, covers at least nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particle (e.g.) dust and infectious agent(s). Intended use and purpose: reduces wearer's exposure to particles including small particle aerosols (only non-oil aerosols) and large droplets. Use N-95/surgical mask with a full- face shield anytime when performing aerosol-generating procedures.
  - N-95- Initial fit test for each HCP with the same model, style, and size respirator that the worker will be required to wear. Initial fit testing to determine if the respirator fits the worker and can provide the expected level of protection. Repeat fit test if changes in employees' physical condition that could affect respirator fit or need to change brand or model and yearly (when supplies are available).
  - Training during fit test procedure or general training.
  - Respirator Medical Evaluation Questionnaire prior to fit testing.
  - Qualitative fit testing: Saccharin or Bitrex Solution Aerosol Protocol.
  - Recordkeeping: retained in HR and infection Control.
  - N-95-tight-fitting face seal, User Seal Check required each time the respirator is donned.

2.3 Exposure Control Plan

Establish an exposure control plan and update annually.
See Appendix A for CHW Bloodborne Pathogen Protection Plan

- Use of Standard Precautions with all patients, especially hand hygiene.
- Use of additional transmission precautions (e. g., Contact, Droplet and Airborne).
- Vaccination (e.g., influenza and hepatitis B).
- Identify and use engineering controls.
- Identify and ensure the use of work practice controls.
- Provide Personal Protective Equipment (PPE).
- Post-exposure evaluation and follow-up.
- Communication of hazards to employees, use labels and signs.
- Provide information and training to staff, maintain records.
- Environmental hygiene to reduce exposure to pathogens in healthcare settings.
- For all sharp's and Bloodborne Pathogens exposures, WITHOUT DELAY, healthcare worker needs a post-exposure evaluation by a medical provider, which must include a discussion and documentation of the risks and benefits of post-exposure prophylaxis follow-up as indicated by the exposure. GCHD provides Worker's Compensation insurance to assist an employee who may have on-the-job exposure.
- Procedures for evaluating the circumstances surrounding an exposure incident including identifying and testing the source individual by Risk/Safety Coordinator.

If a healthcare worker has an on-the-job exposure to a communicable disease, the Supervisor and Risk/Safety Coordinator should be notified without delay. This will allow for evaluation of the circumstances and prevent exposure of others, as well as coordinate with appropriate medical follow-up. Manager to report injury to the Epidemiology Department at 409.938.2215 for any contaminated sharps injury.

2.4 Healthcare Workers and Communicable Diseases

Healthcare workers are responsible for reporting to their supervisor when they have any **signs or symptoms of a communicable disease**. Symptoms that should be reported and evaluated typically include:

- Fever.
- Unusual rash.
- Skin infections, such as boils and impetigo.
- Exudative (weeping) dermatitis.
- Sore throat with fever.
- Gastrointestinal symptoms (vomiting, diarrhea).
- Jaundice.
- Symptoms suggesting active tuberculosis (chronic cough with unexplained weight loss, fever, night sweats and hemoptysis).

Preventing transmission of infection is the responsibility of the facility and the individual healthcare worker.

2.5 Emergency Procedures for Exposure to Blood and Body Fluids

Employers are required to implement these preventative measures to reduce or eliminate the risk of exposure to bloodborne pathogens. OSHA Standard 1910.1030.

EMERGENCY STEPS FOLLOWING AN OCCUPATIONAL EXPOSURE

If an occupational exposure to blood or other body fluids occurs, the following CDC National Institute for Occupational Safety and Health (NIOSH), steps should immediately be taken:

1. Wash needle stick injuries and open wounds with soap and water.
1. Flush splashes to nose, mouth, or skin with water.
2. If exposed, irrigate eyes with clean water, saline or sterile irrigation.
3. Use eye wash stations if exposed in clinical areas. See Eye Wash Station Guidelines (08/03/2022).
4. Report the incident to Supervisor and Risk and Safety Officer.
5. Immediately seek medical treatment.

Emergency: Seek immediate medical care at the nearest facility or **call 911.**

Non-emergency: find a provider within the *Alliance Directory* http://www.pswca.org.

During Business Hours: Contact Risk and Safety Coordinator by phone (409) 938-2425 or email, and the employee's supervisor or designee immediately.

After Business Hours: It is the employee's responsibility to seek **immediate** medical attention at a local emergency room for blood borne pathogen exposures. Notify your supervisor or designee immediately.

Injured Employee:

1. Get a prescription "First Fill Card" if necessary.
2. Complete an Employee Incident/Injury Report even if no medical treatment is sought.
3. Labs for all hepatitis and HIV need to be drawn within the first 24 hours and then repeated based upon stated recommendations, usually in 3 months, 6 months and 1 year.
4. A notarized affidavit in exposure situations must be submitted to the Risk and Safety Coordinator within 10 days.
5. If medical treatment was sought, obtain a Work Status Report from your doctor, and submit it to the Risk and Safety Coordinator or HR before returning to work.

Supervisors:

1. Assist employees in obtaining medical attention.
2. Ensure notification to Risk and Safety Coordinator.
3. Ensure an Employee Incident/Injury Report is completed and sent to Risk and Safety Coordinator.
4. If a worker sustains several occupational exposures, the direct supervisor and the worker should review the duties and procedures of the job.
5. Modifications of procedures and appropriate corrective action should be taken in accordance with policy and circumstances.
6. Work with HR on the employee returning to work.

Risk and Safety Coordinator:

If applicable, coordinates reports of employee injury to the workers' compensation insurance carrier, notifies the Compliance & Risk Management Officer or the applicable department head, Nursing Director and the Director of Epidemiology of the incident; and tracks and trends employee exposures, review and or revise exposure control plan yearly and as needed. Ensure that the Contaminated Sharps Injury form is submitted to GCHD Epidemiology Services.

SECTION 3: Regulated Medical Waste Management

Regulated Medical Waste requires careful disposal and containment. Standards are designed to protect workers who generate medical waste and those who manage the wastes from point of generation (Generator) to disposal (Transporter). Personnel responsible for medical waste management must receive appropriate training in handling and disposal methods. The transport of Regulated Medical Waste is regulated by the United States Department of Transportation (DOT). All affected employees (those who perform the functions of either packaging or signing the shipping papers) must complete DOT hazards material training initially and every three years, thereafter.

Regulated medical waste includes:

- Liquid or semiliquid blood or other potentially infectious materials.
- Items contaminated with blood or other potentially infectious materials (OPIM) and which would release these substances in a liquid or semiliquid state if compromised.
- Items that are caked with dried blood or OPIM and are capable of released these materials during handling

- Contaminated sharps.
- Pathological and microbiological wastes containing blood or OPIM.

3.1 Handling Regulated Medical Waste

Regulated waste must be placed in containers that are:

- Closable.
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.
- Labeled with Biohazard sticker/label or color-coded; red, or orange red.
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage transport, or shipping.
- Seal bottom and top of box with 2-inch clear tape.

If outside contamination of the regulated waste container occurs, it must be placed in a second container meeting the above standard.

3.2 Needles, Syringes and Other Sharp Objects

Sharps (any object that puncture the skin) should be placed in containers that are labeled with the universal biohazard symbol and the word *biohazard* or be color-coded red. Sharps containers must be maintained upright throughout use, locked in place, replaced routinely, and not be allowed to overfill. Sharps containers should not be filled past the marked "fill line", over ¾ full, or if there is any difficulty disposing of the sharp. Nothing should be allowed to hang outside or protrude outside of the sharp's container. Sharps are dropped into sharps container; fingers should never be used to "push" any sharps into the container.

Sharp materials must be placed in a puncture-resistant container designated for sharps waste. All sharps' containers must be properly closed "locked" prior to being placed in a secondary container. No loose sharps are permitted outside of sharps container.

3.3 Regulated Medical Waste

Containers must be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

- Placed in a secondary container if leakage is possible; the second container must be:

    - Closeable.
    - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping.
    - Labeled or color-coded.

- Reusable containers must not be opened, emptied, or cleaned manually or in any other manner that would expose employees to risk by percutaneous injury.

- All closed sharps containers: closed and locked, ¾ full or to fill line and small red biohazard bags (twisted and tied) are placed inside large red biohazard bag lining the cardboard box.

- When large box is ¾ full or at a maximum weight limit of full container 43 pounds, the red bag is to be twisted several times, folded over, and tied to prevent leakage. Bag may be twisted and folded over and secured with 2- inch pressure or poly tape, if not able to tie.

- Cardboard boxes (secondary containers) must be closed and sealed with 2-inch pressure or poly tape on the top and bottom. Closed bags must not be visible once the secondary container is closed and the box must not be bulging. The outside of the box must be clearly labeled with a biohazard mark, and the clinic bar code label is attached to the outside of the box in the indicated area. Label has address of Generator and Transporter.

- All regulated medical waste is stored in a locked Biohazard room, (Texas City and Galveston), monitored by the Infection Control Nurse and Risk & Safety Coordinator.

3.4 Biohazard Warning Labels

Biohazard warning labels are to be affixed to containers of regulated medical waste; refrigerators and freezers containing blood or OPIM; and other containers used to store, transport, or ship blood or OPIM. These labels are fluorescent orange, red or orange-red. Bags used to dispose of regulated waste must be red or orange-red, and they too must have the biohazard symbol in a contrasting color readily visible upon them.

3.5 Practices and Controls

In addition to the precautions described above, CHW has other practices and controls in place to prevent and control infection.
These include:

- Engineering Controls
- Work practice Controls
- Environment Controls

- **Engineering Controls** refer to measures that isolate or remove a hazard from the workplace and that must be used when feasible. These include the following:

  - Sharps disposal containers
  - Self-sheathing needles, and scalpels
  - Sharps with engineered sharps injury protections

- **Work practice controls** reduce the likelihood of exposure to pathogens by changing the way a task is performed, such as:

  - Practices for handling and disposing of contaminated sharps.
  - Handling specimens.
  - Cleaning and disinfecting contaminated surfaces and items.
  - Performing hand hygiene.

- **Environmental controls** help prevent the transmission of infection by reducing the concentration of pathogens in the environment. Such measures include but are not limited to:

  - General housekeeping
  - Cleaning and disinfecting strategies
  - Sterilizing patient equipment
  - Disposal of regulated medical waste
  - DOT Training

SECTION 4: Good Work Practices

4.1 <u>Hand Hygiene</u>

Hand hygiene shall be practiced before and after routine patient care activities, including entering and exiting the patient care environment, before and after removing gloves, and after hand contaminating activities.

- Hand hygiene shall be practiced before handling medication.
- Hand Hygiene before eating.
- All employees are required to wash, rinse, and dry their hands before beginning work, after using the rest room, and prior to leaving work.
- When not visibly soiled, an alcohol-based hand rub (ABHR) or alcohol-based hand sanitizer or alcohol-based hand sanitizing wipes may be used routinely for hand hygiene in place of soap and water handwash.
- Hands that are grossly contaminated must be washed with soap and water or antimicrobial soap and water.

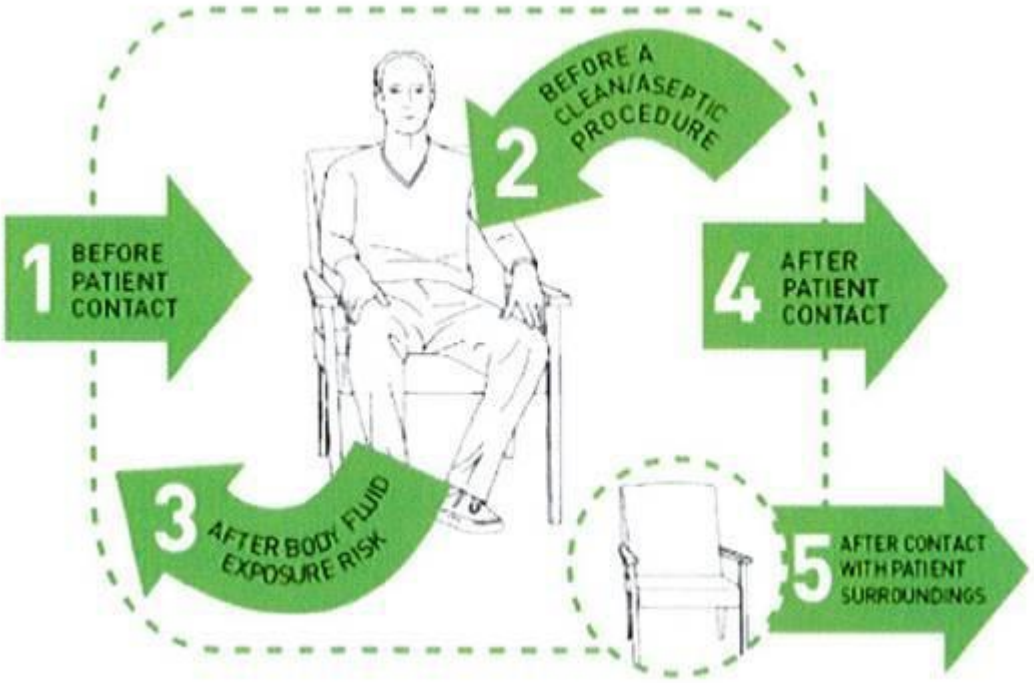
Procedures:

A. Handwashing procedure with soap and water:
   1. Wet hands first with warm water.
   2. Apply an amount of product recommended by manufacturer to hands.
   3. Rub hands together making lather for at least 20 seconds, covering all surfaces of the hands and fingers, front and back.
   4. Rinse thoroughly by keeping hands down so that soap and water runoff will drain into the sink and not down the arm, avoid use of hot water.
   5. Dry well with paper towels and use paper towel to turn off faucet.

6. Use paper towel to open door to exit restroom and then:
7. Discard paper towels into the appropriate container.

B. Hand antiseptic procedure with ABHR Alcohol Based Hand Rub.
   1. If hands are visibly soiled, wash hands with plain soap and water according to procedure prior to applying alcohol hand rub.
   2. Apply enough alcohol hand rub/sanitizer to cover the entire surface of hands and fingers based on manufacturer's IFU.
   3. Rub hands together with the solution into hands until dry.
   4. Alcohol based hand sanitizing wipes used according to manufacturer's IFU.
   5. Use of alcohol hand rubs may result in a sticky residue on the hands. Wash with soap and water periodically to remove the hand rub residue.
   6. Nails should be kept clean and nail polish should be in good repair (no chipped nail polish). Attention must be given to cleaning around the base of the nails, cuticles, and nail tips when washing hands.
   7. Fingernail care for direct patient care employees: Fingernails clean and good repair, non-chipped polish, with no embellishments. No longer than ¼ inch long past the end of the finger pad, measurement from the palm side of the hand.

C. Lotions
   1. Use moisturizing lotion to maintain healthy hand skin integrity and prevent dryness or irritation.
   2. Moisturizing lotion must be an approved hand lotion to avoid risk of incompatibility and/or inactivation of the active ingredients in hand hygiene products and gloves.



Process and Outcome Measurement
It is the responsibility of staff and managers to monitor and remind others of hand hygiene procedures. Hand hygiene audits are performed according to the 5 Moments of Hand Hygiene, as outlined in this procedure (see graphic).

Hand hygiene audits:

a. Should reflect a cross section of clinic staff.
b. Should reflect a cross section of the patient care episodes in a range of settings and not prolonged observation of single episode of patient care.
c. Audits will be reviewed in Compliance Committee and action plans will be developed to improve compliance, if indicated.

4.2 Personal Protective Equipment

Gloves are the most common type of PPE. They are used for patient care as well as environmental service. Gloves can be sterile or nonsterile and single use or reusable. Because of allergy concerns, latex products have been eliminated in the CHW clinics, and materials used for gloves are synthetics such as vinyl or powder-free nitrile.

Most patient-care activities require the use of a single pair of nonsterile gloves. Nitrile Vinyl gloves are frequently available and work well if patient contact is limited. However, some gloves do not provide a snug fit on the hand, especially around the wrist, and should not be used if extensive contact is likely. Use of Nitrile powder free gloves preferred. Gloves should not tear or damage easily. Gloves should be available in sizes to provide a snug fit on the person wearing the gloves; small, medium, large, and X-large.

Sterile surgical gloves are worn when performing sterile patient procedures.

Proper glove use includes:

- Working from clean to dirty.
- Limiting touch contamination (e.g., adjusting eyeglasses, touching light switches, etc.) when wearing gloves that have been in contact with the patient.
- Changing gloves during use if torn or when heavily soiled and after use on each patient.
- Disposing of gloves in proper receptacle.
- Performing hand hygiene before putting on and following removal of gloves.
- **Never** washing or reusing disposable gloves or applying ABHR or ABHS to clean the gloves.

The CDC describes when and how to wear gloves and states that wearing gloves is not a substitute for hand hygiene. Hands should always be cleaned after removing gloves.

- **Gloves**
  Steps for glove use:

  - Choose the right size and type of gloves for the task.
  - Wear disposable medical examination gloves for providing direct patient care.

- Wear disposable medical examination gloves, use gloves with extended cuff or reusable utility gloves (with proper drying between uses per manufacturer's IFU) when using chemicals for cleaning the environment and medical equipment.
- Put on gloves before touching a patient's non-intact skin, open wounds, or mucous membranes, such as the mouth, nose, and eyes.
- Change gloves during patient care if the hands will move from a contaminated body site (e.g., perineal area) to a clean body site (e.g., face).
- Remove gloves after contact with patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination.
- Clean hands before putting on gloves.
- Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.
- Remove gloves promptly after use and perform hand hygiene immediately.

- **Gowns**

  Wear a gown that is appropriate to the task to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluids, secretions, or excretions is anticipated.

  - Wear a gown for direct patient contact if the patient has uncontained secretions or excretions.
  - Remove gown and perform hand hygiene before leaving the patient's room.
  - Do not reuse gowns, even for repeated contacts with the same person.

- **Masks, Eye Protection and Face Shields**

  - Face and eye protection are used during patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
  - Masks protect the nose and mouth and should fully cover them (both ear loops or ties in place) to prevent fluid penetration. Masks when not in use need to be removed and discarded. No mask wearing under chin, top of head, or touching gown.
  - Goggles protect the eyes and should fit over and around them snuggly. Personal prescription glasses are not a substitute for goggles.
  - Face shields protect the face, nose, mouth, and eyes. A face shield should cover the forehead, extend below the chin, and wrap around the sides of the face.

- **Putting on and Removing PPE**

  - Specific procedures to be followed when putting on and removing PPE include:
  - See CDC sequence for putting on PPE and removal example 1 and 2. See Summary of recent changes 6/9/2020 PPE for COVID-19.
  - PPE should be donned in the following sequence:
    1. Gown
    2. Mask
    3. Face shield or goggles
    4. Gloves

  - Contaminated PPE should be removed in the following sequence: Either-

1. Gloves
2. Face shield or goggles
3. Gown
4. Mask or respirator

Or

1. Gown and gloves
2. Goggles or face shield
3. Mask or respirator

Hand hygiene must be performed immediately after removing all PPE.

4.3 Eyewash Station and Spill Clean Up Supplies

Employees will be trained where the emergency eyewash stations are in each clinical area. Eyewash stations are monitored, checked/tested weekly by clinical staff to ensure that water flows through each correctly and actions are logged appropriately. Staff are also trained on where the chemical (based on SDS) and biological (bodily fluids) spill supplies are located in each clinical area and where other safety equipment is located.

4.4 Refrigerators

There must be separate refrigerators for food, specimens, and medications, each with a cleaning schedule. Sign must be affixed to indicate its designated use. A biohazard label must be affixed to the outside of refrigerators used to store specimens. Refrigerators must be monitored for temperature and cleanliness, which includes daily or twice daily temperature checks, weekly and as needed cleaning, and routine inspection of contents. Laboratory specimens requiring refrigeration while awaiting transport may not be stored in the same refrigerator as medications, juices or water stored for the purpose of dispensing with medication. Refrigerators for lab specimens are in lab area only.

4.5 Food and Drink Precautions

Confine food and drink to designated employee break areas. Covered drinks may be acceptable in some non-patient care areas.

4.6 Storage of Sterile Solutions

Sterile solutions are one-time use, once open, used and remaining fluid discarded.

- Follow manufacturer's IFU for storage requirements, temperature/humidity, and expiration dates.

SECTION 5: Cleaning, Disinfecting, and Sterilizing.

5.1 General Environmental Surface Cleaning

Environmental cleaning is critical for reducing pathogen contamination of surfaces. Environmental cleaning involves physical action of cleaning surfaces to remove organic and inorganic material, application of a disinfectant, and employing monitoring strategies to ensure that these practices are carried out appropriately.

- Healthcare environment surfaces can be divided into two groups: 1) those with minimal hand contact, such as floors and ceilings, and 2) those with frequent hand contact, such as doorknobs and light switches, that require cleaning and/or disinfecting more frequently than those with minimal hand contact.
  The number and type of pathogens present on environmental surfaces are affected by:

  - Number of people in the environment
  - Amount of activity
  - Amount of moisture
  - Presence of material able to support microbial growth
  - Rate at which organisms suspected in the air are removed
  - Type of surface and orientation (horizontal or vertical)

Horizontal surfaces with infrequent hand contact (e.g., windowsills, hard-surface flooring) in routine patient-care areas require cleaning on a regular basis, when soiling or spills occur. Disinfectants used in environmental cleaning are not sporicidal or tuberculocidal but can kill most other microorganisms.
Cleaning solutions should be replaced frequently, and soiled or disposable cloths and mop head should be replaced each time a bucket of detergent/disinfectant is emptied and refilled.

5.2 Cleaning up spills

All environmental and working surfaces must be cleaned and decontaminated after contact with blood or OPIM. Protective gloves and other PPE should be worn as necessary, and an appropriate disinfectant/germicidal should be used. EPA- registered antimicrobial products such as tuberculocidal, and label claim, or products registered against Bloodborne pathogens (HBV, HCV, and HIV).

- After putting on personal protective equipment:

  - Block off area to protect patients and other staff if the spill is large.
  - Wipe up the spill with paper towels or other disposable absorbent material and discard the contaminated materials in an appropriate, labeled biohazard container.
  - Use a spill kit to clean up the spill. If the spill contains sharps such as needles, scalpels, broken glass, blood tubes or capillary tubes, or if there is a large volume of liquid; properly dispose of sharps immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on the sides and bottom and color-coded or labeled with a biohazard symbol.
  - Clean up all blood or OPIM thoroughly before applying the disinfectant.

- Apply the disinfecting solution, spray, or disposable wipes, onto all contaminated areas of the hard non-porous surface.
- Let surface remain wet, in contact with disinfectant for the number of minutes based on the manufacturer's directions. Bleach germicidal disposable wipe (sodium hypochlorite) is an appropriate disinfectant to use for decontaminating blood spills.

- If a spill involves a chemical, refer to SDS and follow appropriate procedures.

5.3 Medical Instruments

It is the practice of CHW to use only disposable instruments in the medical clinics; no sterilization of medical equipment is done. Any Single Use Device (SUD), intended to use on 1 patient during a single procedure, are immediately discarded in appropriate disposal container after use. SUDs are not reprocessed in our facility.

5.4 Medical devices reprocessed based on Spaulding Classification

Items that touch intact skin for a brief period are usually considered non-critical surfaces. **Noncritical items** include environmental surfaces and equipment such as:

- Electrocardiogram
- Nebulizers
- Sphygmomanometer/Blood pressure cuffs
- Thermometers
- Pulse oximetry sensors
- Stethoscopes
- Otoscope/Ophthalmoscope
- Ear Lavage Systems

  Most noncritical reusable items may be decontaminated where they are used. Virtually no risk has been documented for transmission of infectious agents to patients through noncritical items if they do not contact non-intact skin and/or mucous membranes.

- Noncritical items are disinfected using low-or intermediate-level disinfectants based on manufacturer's IFU's, which include:

  - Ethyl or isopropyl alcohol.
  - Sodium hypochlorite (Diluted household bleach solution).
  - Quaternary ammonium, germicidal detergent solution (low level only) Chemical name: dimethyl benzyl ammonium chloride.

5.5 Intermediate-level disinfection

Intermediate-level disinfection kills most viruses, bacteria and mycobacteria using a chemical germicide registered as tuberculocidal by the EPA. It does not kill bacterial spores. It is often used to clean up blood spills and other environmental cleaning and is not licensed for disinfection of patient-care equipment that touches mucous membranes. These disinfectants are typically labeled as tuberculocidal to give evidence that they kill the bacterium that causes tuberculosis as well as HBV and HIV. They may be available as a liquid or as disposable wipes.

Intermediate-level disinfectants include:

- Ethyl or isopropyl alcohol (70%).
- Sodium hypochlorite diluted household bleach solution.

5.6 Dental Equipment Procedures

Reusable devices become soiled and contaminated when used and must undergo reprocessing, which is a detailed, multistep process to clean and then disinfect or sterilize them. Devices can be safely used more than once if reprocessing is done correctly following labeled instructions/IFU's.

Reprocessing involves three steps:

1. Initial decontamination and cleaning at point of use to prevent drying of blood, tissue, other biological debris, and contaminants.
2. Transfer of the device to the reprocessing work area, where it is thoroughly cleaned.
3. Either disinfection or sterilization, depending on the intended use of the device, and the materials from which it is made. The device is then stored or routed back into use.

The dental clinic at CHW utilizes the Spaulding Classification System, which is an instrument classification system used for reprocessing decisions (see table below).

Classification	Definition	Examples	Requirements
Critical	Where there is entry or penetration into sterile tissue, cavity, or blood stream	• Extraction kit • Forceps • Burs (unless single use, disposed of after use) • Surgical handpiece • Periodontal scalers	Cleaning followed by Sterilization
Semi-Critical	Where there is contact with intact non-sterile mucosa or non-intact skin	• BOBCAT Pro Ultrasonic Scaler	Cleaning followed by High-Level Disinfection
Non-Critical	Where contact is made with intact skin	• Protective eyewear • Blood pressure cuff • Instrument trays • Chair controls • Environmental surfaces: Floors, walls, doors, handles, high-touch surfaces	Cleaning followed by Low-Level Disinfection

5.7 Sterilization/High level disinfection

Sterilization is required for reusable patient-care instruments that touch sterile tissue or the vascular system and require the absence of microbial contamination. Sterilization describes a process that destroys or eliminates all forms of microbial life. With some exceptions for more recent discoveries, such as prion disease.

Most of these should be purchased as sterile or be sterilized with steam.

Steam sterilization is the most widely used and the most dependable method. It is used whenever possible on all critical and semi-critical items that are heat-and moisture-resistant. Steam sterilization is rapidly microbicide, sporicidal, and rapidly heats and penetrates fabrics. Each item is placed in a steam sterilizer (autoclave) and exposed to direct steam at the required temperature and pressure for a specific time.

Sterilization will be performed by manufacturer's recommendation for the steam sterilizers accordingly along with manufacturer's recommendations of instrumentation.

A. All reusable instruments, equipment, and used surfaces will be decontaminated, disinfected, or sterilized prior to use on a patient. The infection control guidelines for cleaning, disinfecting and sterilization of patient care equipment, instruments and patient care environment will be determined according to the Spaulding Classification System.

B. Manufacturers' directions and facility policies and procedures for reprocessing reusable instruments and equipment, including directions for use of the reprocessing equipment will be followed.

C. Personnel
   - Personnel wear clean scrub attire and no outerwear (i.e., jackets).
   - Wear a fluid resistant cover gown (secured in back; at neck and waist).
   - Gloves: For cleaning of patient care items in the decontamination area disposable gloves should be puncture and chemical resistant with extended cuffs. Reusable general-purpose heavy duty utility gloves with extended cuff, if used, should be cleaned, and re-used in accordance with manufacturer's written IFU. General-purpose heavy duty utility gloves, if used, should be discarded if there is evidence of deterioration (e.g., punctures, peeling or cracking). Be allowed to air dry inside and out after cleaning. Heavy duty utility gloves if re-used by one staff member only.
   - Wear fluid-resistant disposable face mask and a full-length face shield over mask or mask with splash visor, to protect against splashes or sprays.
   - Disposable hair cover, to protect against splashes or sprays.
   - Staff will follow the hand hygiene guidelines.
   - Personnel must have proper training on processing instruments with competency testing during orientation to their jobs and annually. Documentation of training should be maintained in the employee's personnel file. Continuing education (including training for all new instrumentation, devices, and equipment) is conducted at regular intervals.

Design: Location: Sterile processing area will be divided into two (2) areas, designated as "clean" and "dirty," physically divided, and the integrity of each area will be maintained through traffic and instrument/equipment flow.

- The "dirty" area will be used for decontamination of all soiled instruments.
- The "clean" area will be used for processing and sterilization of clean items, to include the preparation and packaging of instruments. Sterilizers are in this area.

Procedures:

A. Pre-Cleaning
Contaminated items should be wiped or sprayed at point of use to keep them moist prior to cleaning; they should not be cleaned or decontaminated in the scrub or hand sinks.

B. Transport

- Contaminated items will be contained during their transport from the point of use to the decontamination area in covered puncture-resistant containers marked as "Biohazardous."
- Sharps and delicate instruments should be kept separate from other items.
- Items will be kept moist until cleaning and decontamination can be performed.

C. Cleaning in decontamination area

- Cleaning of patient care items must occur prior to beginning of sterilization and/or decontamination, should remove all visible soil, and should occur as soon as practical after use. Cleaning solutions and/or detergents should be measured, mixed, labeled, and discarded appropriately according to the manufacturer's directions for use and should be compatible with the instruments and equipment for which they are used.
- Proper protective equipment (PPE) must be used when cleaning an item if a risk of aerosolization exists (spraying of particles into air) and for protection against exposure to the chemicals used as directed by the Safety Data Sheet (SDS).
- The manufacturers' specifications for the quality of water used for cleaning should be followed (i.e., sterile, distilled, de-ionized).
- Completely disassemble each item prior to cleaning; all jointed instruments must be open and/or unlocked from transport to the completion of sterilization.
- Disposable brushes are used for cleaning instruments and discarded after each use. Clean/brush immersible instruments under water to minimize aerosolization.
- Mechanical cleaning equipment should be used whenever possible according to IFU; test and maintain equipment as per manufacturer's instructions.
- If lubrication is necessary, instrument will be wiped down according to IFU and placed in lubricating/cleaning machine or a non-toxic or water-soluble spray will be used.
- **Appropriate sharps which are contaminated with blood or other potentially infectious materials should not be stored or processed in a manner which requires employees to reach by hand into the container where these sharps have been placed; rather, such instruments should be placed in drainage type baskets prior to submerging in cleaning solutions.**

- Traffic between the decontamination, preparation, and assembly areas must be minimized; decontamination attire should be removed, and personnel should wash their hands upon leaving the decontamination area.
- Visually inspect each item (using magnifying light if necessary) to be certain they are clean prior to placing it in dryer.
- If the item is visually soiled at the point of inspection, it will be manually cleaned and/or reprocessed in the ultrasonic machine.
- All items to be high-leveled disinfected or steam sterilized must be thoroughly cleaned prior to disinfection because failure clean the item could interfere with the disinfection and sterilization process.

D. Inspection

- Suitable lighting will be provided for optimal inspection.
- Instruments in disrepair or with compromised surfaces-such as oxidation, pitting, cracking or damaged from instrument marking-may not be able to be effectively sterilized.
- Each instrument needs to be clean and dry prior to packaging.
- Each item will be inspected for functionality, safety, and sharpness prior to packaging.
- If an item is not suitable to use, it will be removed from service.

- Packaging
- Assure adequate drying time of instruments and equipment prior to packaging for sterilization.
- Review and follow the manufacturer's instructions for type of wrap or container that may be used, shelf life, and storage recommendations; wrap all packages separately.
- Internal and external steam indicator will be used for all peel-pack pouches.
- A type 5, steam chemical integrator strip is placed inside the peel-pack pouch.
- Hinged instruments must be in open position when processed.
- Sharp items should be protected from damage. Tip protectors, if used, should be used according to manufacturer's written IFU.
- Peel packs should not be placed inside of packages or containerized sets.
- Document on the plastic side (on label) of sterilization pouches:
- Assistant's Initials.
- Cycle Number, including the name of the sterilizer.
- Operatory number.
- Date of Sterilization.

E. Sterilization

- Select the appropriate method of sterilization according to the instrument or equipment manufacturer's instructions.
- Steam is the preferred method for sterilization of critical instruments not damaged by heat.
- Loading of Sterilizer:
- Positions biological indicator according to sterilizer and monitoring IFU.
- Arrange on rack or carriage to present least possible resistance to the passage of steam: textile packages on top, peel pouches on edge, instrument sets flat, rigid containers under wrapped packages.

- Do not overload sterilizer; items should never touch sterilizer chamber walls.
- Basins, trays, test tubes, etc. must be set on edge or upside down so air will flow out freely as steam flows in.
- Removing Load from Sterilizer:
- Proper temperature and exposure time must be known; chart and temperature gauge must be checked to see that these are achieved.
- Load should be dry and cool when removed.
- It is critical to follow the recommendations and time frames for drying the instruments and trays that have been sterilized.
- **If packs are wet when removed, they must be repackaged and re-sterilized.**
- Care must be taken to keep sterile items separated from non-sterile items.

- Documentation

- The sterilizer identification.
- The type of sterilizer and cycle used.
- Load Contents.
- The critical parameters such as time, temperature, and pressure.
- The results of the sterilization process monitors.
- The operator's name, initials, or identification.
- The results of BI testing will be documented in the logbooks in the sterilization area.
- Immediate-Use sterilization will not be performed.

F. Storage and Distribution

- Integrity of clean and sterile equipment and supplies shall be assessed prior to use.
- Determination of shelf life of packaged items:
  - Inspect all packages before use; if intact, they are considered sterile.
  - Packaging will be considered non-sterile (compromised) when certain events occur:
    - Holes/tears
    - Broken or no seal
    - Dropped
    - Moisture
    - Unsealed dust cover
  - Store items in a manner that prevents crushing or binding together so packaging is not compromised.
  - Place lighter items on heavier ones.
  - Store items in closed cabinets; if this is not possible, store items on wire shelves in a restricted storage area with the bottom shelf being solid.
  - Arrange storage areas in a manner that prevents splashing from personnel or housekeeping.
  - Rotate stock so that older items are used first.
  - Store liquids below dry sterile goods or in a separate section.
  - Store materials at least 18" below the ceiling and/or sprinkler head.
  - Stored at least 8 inches above the floor (with solid bottom), and 2 inches from outside wall.
  - Do not store sterile items under plumbing values and traps.
  - Cleaned delivery carts shall be used to transport clean and sterile supplies.

- Sterile storage area will be a well-ventilated area that provides protection against dust, moisture, insects, and temperature and humidity extremes.

G. Quality Assurance
- Monitoring

o Mechanical (physical), chemical, and biological monitors must be used to assure that the sterilization process has been effective.
- Physical monitors include time, temperature, and pressure gauges, displays, recorders, and digital printouts. At the end of each cycle, the operator should read and sign the printout to verify that:
    a. The printer is functioning properly.
    b. The cycle identification number has been recorded.
    c. All cycle parameters have been met.

o Chemical indicators (internal and external) should be used with every load.

o Use a biological indicator as follows:
    a. Steam sterilization: BI is performed daily when the clinic is open, and instruments are quarantined until the BI is read.
    b. Same lot number for biological indicator in the load and for the control.
    c. Biological control will be processed prior to disposal.

o Recall Process
    a. Upon notification that a physical, chemical, or biological indicator demonstrates a lack of sterility, or sterilizer cycle did not meet expectations, an incident report will be completed as soon as reasonably possible.
    b. Notify Dental Director and Dental Assistant Supervisor immediately.
    c. In the case of a failed spore test, remove the sterilizer from service; review sterilization procedures and work practices to determine whether the failed test could be the result of operator error.
    d. After correcting any identified procedural problems, retest the sterilizer by using biological, mechanical, and chemical indicators.
    e. If the repeat spore test now verifies that mechanical and chemical indicators are within normal limits, put the sterilizer back in service.
    f. If the repeat spore test also fails, do not use the sterilizer until it has been inspected and/or repaired.
    g. Dental assistants will check all shelf supplies and instruments in the clinic and pull from inventory any item with a corresponding date, autoclave number, and cycle number, from all loads since last negative biological indicator.
    h. All recalled supplies and instruments will be repackaged and re-sterilized.
    i. For any supply or instrument that is not located, begin the investigation to identify potential patients that may have been affected by a breach of sterilization and notify the Dental Director. All instruments are quarantined.
    j. The cycle/autoclave indicator tag will be retained and attached on the incident report as noted by positive biological indicator.
    k. After reviewing all available data, the Dental Director or Dental Assistant Supervisor will determine if the autoclave remains in service or be taken out of service until causative factors are resolved through service, repair, and validation.

l. After correction of identified cause, immediately re-challenge.
m. Documentation of sterilizer details, causative factors, follow-up action and results of validation testing will be maintained in the sterilizer repair log, as well as on the sterilization log.

- Maintenance
  Cleaning, maintenance, and record keeping/documentation of equipment will be performed according to manufacturer's IFU.

5.8 Employee Competence

SECTION 6: Specific Dental Practices

6.1 Dental Unit Waterline Quality

CHW routinely tests and documents dental unit water quality to verify the dental unit water measures less than or equal to 500 colony forming units of heterotrophic bacteria per milliliter (≤500 CFU/mL) of water, the standard set for drinking water by the Environmental Protection Agency (EPA).

- CHW employs multiple methods to aid in reducing the amount of biofilm in the dental unit water lines (DUWL's).

  - Use self-contained water bottle delivery systems.
  - Use spring water as the 'source water'.
  - Use sterile water or saline for the 'source water' when completing surgical procedures. Not used in the self- contained water system.
  - Discharge water and air for a minimum of 20-30 seconds after each patient from any device connected to the dental water system that enters a patient's mouth (handpieces, ultrasonic scalers).
  - Use approved products to complete periodic 'shocking' of DUWL's.
  - Use approved products to maintain DUWL's between shocking procedures.

- See "Protocol for Use of the A-Dec Self Contained Water System", "Monitoring Waterline Quality procedures according to A-Dec recommendations" and "Procedure for collecting water sampling" for more information regarding specific procedures.

6.2 Dental Operatory Disinfection

- All members of the healthcare team will comply with the current Center for Disease Control and Prevention (CDC) recommendations for proper usage of surface disinfecting agents.

- Barriers must be used on clinical contact surfaces which are 'difficult to clean', including, but not limited to
  - Air/water control buttons
  - Suction control levers
  - Overhead light handles
  - Chair control buttons
  - Computer keyboards/mouse

- All clinical contact surfaces that are not barrier-protected are cleaned and disinfected by utilizing a two-wipe process after each patient.
  - Step 1: The first "cleaning" wipe removes visible debris and large numbers of microorganisms from surfaces.
  - Step 2: The second "disinfecting" wipe kills organisms on surfaces and items that cannot be heat sterilized. Follow manufacturer's Instructions for Use (IFU) for the recommended contact time of how long the surface needs to remain "wet" to achieve the "Disinfects time".
  - Between Step 1 and 2, gloves must be removed, hand hygiene performed, and new gloves must be done.

6.3 Dental Radiation Safety

- CHW follows Texas State guidelines to implement radiation safety through the ALARA ("as low as reasonably achievable") principles.
- Dental radiographs are prescribed based on the American Dental Association dental radiographic recommendations.
- Individuals who operate only dental x-ray machines are exempt from individual monitoring requirements (Texas Administrative Code §289.232(d)).
- Appropriate barriers, PPE and patient shielding are used while taking x-rays.
- In order to maintain the integrity of the protective shields (aprons/capes), they should be hung with no crimping or folding.
- Visually inspected before each use.
- All dental radiation equipment is certified by a qualified radiation inspector on a regular basis.

SECTION 7: Medication and Safety Injection Practices

7.1 Sharps and Injection Related Practices and Controls

Engineering, work practice and environmental controls have all been developed to prevent and control the spread of infection related to the use of needles and other sharps in the healthcare setting.

7.2 Sharps Handling

Contaminated sharps are needles, blades (such as scalpels), scissors, and other medical instruments and objects that can puncture skin. Contaminated sharps must be properly disposed of immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on the sides and bottom and color-coded or labeled with a biohazard symbol.

- Discard needle/syringe units without attempting to recap the needle whenever possible.
- If a needle must be recapped, NEVER use both hands. Use the single hand "scoop" method by placing the cap on a horizontal surface, gently sliding the needle into the cap with the same hand, tipping the needle up to allow the cap to slide down over the needle, and securing the cap over the needle with the same hand.
- Never break or shear needles.
- To move or pick-up needles, use a mechanical device or tool, such as forceps, pliers, or broom and dustpan.
- Dispose of needles in labeled sharps containers only; sharps containers must be accessible and maintained upright. When transporting sharps containers, close the containers immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.
- When transporting sharps containers, close the containers immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.
- Fill a sharps container up to the fill line or two thirds full. Do not overfill the container.

7.3 Safe Injection Practices

Unsafe injection practices put patients and healthcare providers at risk for infection. Safe injection practices are part of Standard Precautions and are aimed at maintaining a basic level of patient safety and provider protections.

Recommended practices for injection:

- To the extent possible, prepare medications in dedicated medication rooms.
  - ✓ Draw up medications in the medication room or a designated clean area, free of any items potentially contaminated with blood or body fluids (e.g., syringes, needles, blood collection tubes and needle holders).
  - ✓ Multi-dose vials should not be accessed in the immediate patient treatment area. If a multi-dose vial enters the immediate patient-care area, it should be dedicated to that patient and discarded after use. Avoid Multi-dose vials, if possible, use single-use vials that are discarded after single patient use.

- Use an aseptic technique to access parenteral medications.
- Perform hand hygiene before handling the medication.
- Disinfect the rubber septum with alcohol and allow alcohol to dry prior to piercing. This includes newly opened medication (either multi-vial or single dose) as well. Or according to medication IFU.
- Always use a new sterile syringe and sterile needle to draw up medication and avoid contact with a nonsterile environment during the process.
- Never leave a needle inserted into the septum, of a vial for multiple draws.
- Ensure that any device inserted into the septum is used in accordance with the discard medications:
-

- ✓ According to the manufacturer's expiration date (even if not opened) and whenever sterility is compromised or questionable.
- ✓ Single dose vials that have been opened or accessed should be discarded according to the manufacturer's time specifications or at the end of the case/procedure for which it is being used. Do not store it for future use.
- ✓ Multi-dose vials that have been opened or accessed should be dated with the date opened and discarded within 28 days. The disposal date should also be included on the vial.

- Never administer medications from the same syringe to more than one patient, even if the needle is changed.
- Never enter a vial with a used syringe or needle.
- Never use medications packaged as single-dose vials for more than one patient.
- Assign medications packed in multi-dose vials to a single patient whenever possible. Safe injection practices include:
- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted below. Shearing or breaking of contaminated needles is prohibited.
- If an employer can demonstrate no alternative that is feasible or that such an action is required by specific medical or dental procedure, bending, recapping, or needle removal must be accomplished using a mechanical device or one-handed "scoop" technique.
- Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. Reusable sharps are that contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the container.

SECTION 8: Specific Lab and Radiology Practices

- Standard Precautions.
- Cleaning/disinfecting all surfaces in blood draw stations and radiology table: Start of the day, end of the day and after every patient contact.
- Patients supplied with disposable paper gowns and paper pillow covers for disposal after 1-time patient use.
- Positioning wedges (plastic) cleaned/disinfected after patient use.
- Vein Finder cleaned/disinfected after every patient use, according to manufactures instructions.
- Lab centrifuge cleaned/disinfected every day at the end of the day, documented on centrifuge logbook.

SECTION 9: Reporting Communicable Diseases

The list of communicable notifiable conditions required by Texas Department of State Health Services to be reported is attached. See Texas Notifiable Conditions -2023, rev. 1/08/2023 expires 12/31/2023. In addition to these conditions, any outbreaks, exotic diseases, and unusual group outbreaks of disease must be reported. All cases shall be reported by name of patient, age, sex, race/ethnicity, DOB, address, telephone number, disease, date of onset, method of diagnosis, and name, address, and telephone number of providers.

The list indicates when to report each condition. Cases or suspected cases of illness considered being public health emergencies, outbreaks, exotic diseases, and unusual group expressions of disease must be reported to the GCHD epidemiology department immediately (ext. 2238, 2208, or 2215). These incidents are also to be reported to the Medical Director, Dental Director (if a dental patient), the COO and the NURSING DIRECTOR. Other diseases for which there must be a quick public health response must be reported within one working day. All other conditions must be reported to the epidemiology department within one week, Monday-Friday 8:00am-5:00pm., reporting number is 409-938-2215. After hours reporting number is 409-220-1523.

SECTION 10: Emergency Management and Planning

Emergency management of infectious patients is directed at early detection and swift isolation. In the event an emergency results in the inability of the facility to continue providing services in a safe manner, CHW will initiate its plan for continuity of services as described in the "CHW Emergency Operations Plan".

References:

a. Guide to Infection Preventionfor Outpatient Settings: Minimum Expectations for Safe Care, Center for Disease Control, version 2.3-September 2016
b. AAMl- Association for the Advancement of Medical Instrumentation. ANSI/AAMI ST 79- Comprehensive Guide to Steam Sterilization and Sterility Assurance in the Health Care Facilities. Arlington, VA: Association for the Advancement of Medical Instrumentation; 2017.
c. Infection Prevention Check list for Dental Settings: Basic Expectations for Safe Care, Center for Disease Control
d. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCVandHlVandRecommendations for Post exposure Prophylaxis, MMWR June 29,2001/Vol.50/ No. RR-II
e. Guidelines MMWR June 6, 2000/Vol. 52/No.RR—10
f. http://www.nnoha.org/nnoha-content/uploads/2018/1O/IPC-NNOHA-Power-Point-2018.pdf
g. https:/www.cdc.gov/sharpssafe ty/pdf/sharpsworkbook2008.pdf
h. https:/www.dshs.texas.gov/lDCU/disease/tb/forms/PDFS/TB-600.pdf
i. https://www.gchd.org/home /showpublisheddocument?id=8805
j. https://dshs.texas.gov/lDCU/investigation/Reporting-forms/Notifiable-Conditions-2021-Color.pdf

k. https://www.dshs.texas.gov/lDCU/disease/tb/forms/PDFS/TB-600.pdf
l. https://www.dshs.texas.gov/disease/tb/faq.shtm#HCW
m. https://www.cdc.gov/nchhstp /newsroom/2019/recommendations- for-tb-screening.html
n. https: //www.cdc.gov/tb/topic/ testing/healthcareworkers.html

Appendices:

a.
   i. https://www.gchd.org/home/showdocument? id= 5 l08
   ii. https://www.gchd.or g/home/showdocument ?id=6069
   iii. https://www.gchd.org/home /showdocument ?id=5 l 94
   iv. https://www.gchd.org/home/showdocument ?id=4570
b. U.S. Public Health Service Guidelines for the Management of Occupational
   i. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr50llal.htm
   ii. www.gchd.org/notify
c. CHW Emergency Operations Plan
   i. https://www.gchd.org/home/showdocument?id=6l5l

Forms:

1. Employee Incident or Injury Report:
   a. http://www.gchd.org/home/showdocument? id= 5448
2. Infectious Disease Reporting Form:
   a. www.gchd.org/reports
3. Notifiable Conditions:
   a. www.gchd.org/notify
4. DSI IS ComHcl!ateSettings *Tuberculosis Risk Assessment* form

Annual reviews conducted by Compliance Committee, GB QA Board Committee.

X

Samantha Robinson, RN
Chairman, Coastal Health & Wellness Gover...

Date _____

See Appendix **A** CHW Bloodborne Pathogens

2023 Coastal Health & Wellness
Bloodborne Pathogen Exposure Control Plan

Based on OSHA's Blood borne Pathogen Standard 29 CFR 1910.1030
Appendix to the CHW 2023 Infection Control Plan

All the requirements of OSHA's Bloodborne Pathogen standard can be found in Title 29 of the Code of Federal Regulations at 29 CFR 1910.1030. The standard states what employers must do to protect workers who can reasonably be anticipated to come in contact with blood or other potentially infectious materials (OPIM).

In general, the standard requires employers to:

Establish an exposure control plan, update annually, and a written plan that describes how the employer will eliminate or minimize occupational exposures. At a minimum the following three elements must be present in exposure control plan:

Exposure determination:

1. Listing of job classifications in which employees will be exposed or may occasionally be exposed.

   Policy: Employee and Pre-hire Immunizations and Screenings UBOH last Approved 8/11/2022.

   Category 2; Health Care Employees performing tasks involving exposure to blood of blood-contaminated body fluids. For example, nurses, medical assistants, providers, lab technicians, dentists, dental assistants, EMS, and WIC staff.

2. **Vaccine Responsibility**: Hepatitis B vaccine is required for state licensing. Pre-hire must show proof of beginning series, GCHD will provide remaining dosages after hire date.
   Post-Exposure evaluation and follow-up communication of hazards to employees, and recordkeeping.

3. The procedure for the evaluation of circumstances surrounding exposure incidents. Describe what constitutes an exposure incident, immediate treatment, medical follow-up, and reporting.

Other Key Requirements:

- Providing education and training
- Providing personal protective equipment (PPE)
- Identifying and use of engineering controls
- Making hepatitis B vaccination available to workers with occupational exposure
- Making available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences and exposure incident
- ***Proper*** waste disposal
- ***Communication*** of hazards
- Housekeeping and laundry practices
- Recordkeeping

2023 Coastal Health & Wellness
Bloodborne Pathogen Exposure Control Plan

Based on OSHA's Blood borne Pathogen Standard 29 CFR 1910.1030
Appendix to the CHW 2023 Infection Control Plan

Providing annual employee education and training:

- An accessible copy of the regulatory text of the standard and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne pathogens.
- An explanation of the employer's exposure control plan and how the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIMs.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and PPE.
- Information on the types, proper use, location removal, handling, and disposal of PPE.
- An explanation of the basis for selection of PPE.
- Information of the HBV vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIMs.
- An explanation of the procedure to follow if an exposure incident occurs, including method of reporting the incident and the medical follow-up that will be made available.
- Information on post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the warning signs and labels and/or color coding; and
- An opportunity for interactive questions and answers with the person conducting the training session.

Providing Personal Protective Equipment (PPE):

- Single use gloves
- Masks, eye protection and face shields
- Gowns and other protective clothing

Engineering and administrative controls:

- Puncture resistant sharps containers, biohazard waste containers, self-sheathing needles, medical devices for increased safety
- Work practice controls: hand washing policies, sharps handling procedures, proper waste disposal techniques, and more to reduce the likelihood of exposure through the alteration of the way the task is performed.
- CHW Staff will take part in biannual *or as needed* Sharp Injury Prevention Committee meetings facilitated by the CHW Infection Control Nurse or designee.

2023 Coastal Health & Wellness
Bloodborne Pathogen Exposure Control Plan

Based on OSHA's Blood borne Pathogen Standard 29 CFR 1910.1030
Appendix to the CHW 2023 Infection Control Plan

Waste disposal:

- All blood or OPIMs contaminated items that could release infectious materials must be placed in appropriate sharps containers or closable, color-coded or properly labeled leak-proof biohazard waste containers or bags. Regulated medical waste must be disposed of in accordance with federal, state, and local regulations.

Communication of Hazards

- Warning labels must be attached to all containers used for the storage or transport of potentially infectious materials. The labels must be orange or red-orange with biohazard symbol in a contrasting color.

Housekeeping:

- A schedule for periodic cleaning and appropriate disinfecting to ensure the worksite is kept clean and sanitary.

Record keeping:

- The employer must maintain medical and training records for each employee who faces the possibility of being exposed or who has been occupationally exposed to a bloodborne pathogen.
- Employers are also required to establish and maintain a sharps injury log.

Making available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences and exposure incident:

- **An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or** parenteral contact with blood or OPIM.
- The evaluation and follow-up must be at no cost to the worker.

Reporting at CHW:

- Occupational illnesses and or exposures which require post exposure management will be handled in accordance with the District's *Infection Control Plan,* which outlines prevention, reporting and follow-up requirements. See Workers' Compensation Policy GCHD plans UBOH last approved 02/24/2021 and GCHD Infection Control Plan UBOH 2/24/21. Also see Safety and Risk Management Policy UBOH 03/28/2018.

- If an exposure immediately stop what you are doing, remove PPE, and wash with soap and water the site of the exposure, if possible.
- Notify your supervisor and Risk and Safety Coordinator 409-938-2425.
- Supervisor or Risk and Safety Coordinator will assist employee with the following.
- Prepare to seek medical attention.
- **Access the "What to Do If You Have an On-The- Job Injury/Exposure" This 1-page flyer will give you directions/steps of what to do.** (Employee Extranet/Safety & Emergency Information/ Risk and Safety/ Injury Accident/Exposure Flyer).
- Access the Employee Incident or Injury report and "First Fill" for Proscriptions. (On Employee Extranet).
- CHW "Process for needle stick/ exposure". (Or other sharps injury that penetrates the skin). Has process for blood draw from "source patient" (Employee Extranet Homepage/Safety and Emergency information/Risk and Safety/CHW Process for needle stick/ exposure.
- Log of the sharp's injuries will be maintained by Compliance & Risk Management Officer.
- Forward the completed, Contaminated Sharps Injury form to Epidemiology Services.

Reporting the Contaminated Sharps Injury:

- ✓ Reported to Department of State Health Services/Infectious Disease Control. https://www.dshs.state.tx.us/1DCU/health/infectioncontrol/bloodbornepathogens/Reporting.aspx
- ✓ The facility where the injury occurs should complete the form: Contaminated Sharps Injury Form (Pub No EF 59-10666 (6/04)
- ✓ The completed form is submitted to GCHD: Epidemiology Services Fax- 409-938 -2399 or call 409-938-2215 for information. The report will be logged on the Galveston County Spread Sheet.
- ✓ GCHD/The Local Health Authority, acting as an agent for the Texas Department of State Health Services will receive and review the report for completeness and submit the form to Texas Department of Health Services in Austin.

See Appendix **B** CHW Respiratory Protection Plan2023

Coastal Health & Wellness
Respiratory Protection Plan

Based on OSHA's Occupational Safety and Health Standards
Personal Protective Equipment and Respiratory Protection 1910.134
Appendix to the CHW 2023 Infection Control Plan

The purpose of this Respiratory Protection Plan (RPP) is to maximize the protection afforded by N95 respirators when they must be used. An RPP establishes procedures necessary to meet the regulatory requirements described in OSHA's Respiratory Protection standard (29 CFR 1910.134).

This program applies to all employees and contractors who are required to wear respiratory protection due to the nature of their work at Coastal Health & Wellness (CHW).

Key Requirements of a Respiratory Protection Program:

- Written program with specific guidelines and standard operating procedures
- Program Administrator
- Hazard evaluation and respirator selection
- Medical evaluation for respirator wearers
- Respirator Fit Testing: initial, annual, or after any physical changes that may affect fit
- Proper respirator: use, storage, maintenance, repair, and disposal.
- Training
- Program evaluation
- Recordkeeping

Written program with Policies and Procedures:

- Compliance to OSHA Standard 29 CFR 1910.134 as it applies to N95 Filtering Facepiece respirators.

Program administrator:

- The Respiratory Program administrator (RPA) is knowledgeable about the requirements of the OSHA Respiratory Protection standard and all elements of the respiratory protection program that need to be implemented to be effective. The designated Program administrator is the Nursing Director.
- Facility administration has the ultimate responsibility for all aspects of this program and has given Nursing Director full authority to make the necessary decisions to ensure its success. This authority includes, but is not limited to, conducting hazard assessments for selecting appropriate respiratory protection, purchasing the necessary equipment and supplies, and developing and implementing the policies and procedures described in this written RPP.
- Supervisors, employees, infection control nurse, employee health nurse or occupational/ risk coordinator to participate in the hazard evaluation and respirator selection for facility staff. Based on the hazards to which employees may be exposed.

Hazard evaluation & respirator selection:

- The RPA will select the types of respirators to be used by facility staff based on the hazards to which employees may be exposed and in accord with OSHA regulations and Centers for Disease Control and Prevention (CDC), and other public health guidelines. With input from the respirator user, the RPA and supervisor will conduct a hazard assessment for each task, procedure, or work area with the potential for airborne contaminants.
- Staff may have the potential to be exposed to ATD pathogens (Aerosol Transmissible Diseases). This RPP covers the use of N95 respirators only.
- A review of work processes to determine levels of potential exposure for all tasks and locations. For example, patients undergoing cough-inducing or aerosol-generating procedures in the dental or medical clinical areas.
- All N95 particulate filtering face piece respirators shall be approved by the National Institute for Occupational Safety and Health (NIOSH) for the configuration and environment in which it is going to be used. NIOSH-approved respirators have an approval label on or within the packaging and abbreviated approval on the respirator. All respirators are verified by the approval number on the NIOSH Certified Equipment List (CEL). Verification before any N95's are fit tested and used by staff. Or any indication that the N95 is counterfeit or notice from NIOSH or CDC that an approval has been removed by NIOSH.
- The RPA will revise and update the hazard assessment any time an employee or supervisor identifies or anticipates a new exposure or changes to existing exposures.
- Occupational exposure is defined in this regulation as "exposure from work activity or working conditions that is reasonably anticipated to create an elevated risk of contracting any disease caused by ATPs.

Medical Evaluation for respirator wearers:

- The employee will complete a Medical Clearance Questionnaire (Appendix C to Sec.1910.134: OSHA Respirator Evaluation Questionnaire, mandatory). The healthcare professional (HCP) will review and make a medical determination as to whether the employee can wear a respirator safely. The HCP may make this determination based on the questionnaire alone but may also require a physical examination of the employee and any tests, consultations, or procedures the HCP deems are necessary before determination is made.
- To ensure the confidentiality of medical information, the medical evaluation should not be conducted by the employee's immediate supervisor and others in the employee's direct line of authority. The questionnaire will be secured in HCP office until time that it is secured in HR, separate from the employees HR file.

Respirator Fit Testing: initial, annual, or after any physical changes that may affect fit:

- There is no requirement for certification of fit testers, but you must be sure that the person doing the fit testing understands and follows the fit test protocol and understands how to train the wearer to don the respirator properly and do a user seal check.
- Use the same make, model, style, and size of N95 as will be used in the facility.
- Employees will be offered a selection of several models and sizes of N95 respirators, based on availability, from which they may choose the one that correctly fits and is most acceptable/comfortable. An initial fit test and annual thereafter or any physical changes a fit test must be completed.
- After employee completes and passes the fit-test, the supervisor and employee will be notified by e-mail what brand, size, model number that the employee has been cleared to use. Only that N95 respirator can be used unless request is made by employee or facility to change. At that time the fit-test will need to be repeated for the change of N95 respirator.
- A log is maintained and updated by the fit tester by department, for each employee that is in that department, indicating date of fit test, brand/size/model. The log is e-mailed to supervisor and staff ordering for the department and laminated for posting, so correct N95 respirator is available and worn by employee. Also, for annual re-fit testing date.
- A qualitative fit test may be used for all wearers of N95 filtering facepiece respirators. The qualitative test will follow the protocol for: • Saccharine • Bittrex• solutions found in Appendix A of the OSHA Respiratory Protection standard (29 CFR 1910.134).
- Consideration proposed for another available test is the quantitative ambient aerosol condensation nuclei counter (CNC) fit testing protocol and this test can be used to replace the qualitative test: For employees that cannot tolerate the Qualitative test. At this time the test would need to be performed by outside agency or purchase and training for CNC machine.

Proper respirator: use, storage, maintenance, repair, and disposal:

- Disposable filtering facepiece respirators are generally a one-time use item. The respirator must be discarded when it is no longer in its original working condition, whether that condition results from contamination, structural defects, or wear.
- Disposable filtering facepiece respirators that will be reused inpatient care areas should be stored in a breathable container such as a paper bag labeled with the user’s name.
- Disposable filtering facepiece respirators are not repaired. Defective disposable respirators will be discarded and replaced with a new N95 respirator.
- New N95 respirators will be stored in original packaging, with clean supplies/PPE.

Training:

- Training shall be provided at the time of initial assignment to respirator use, but before actual use, and annually thereafter. Additional training will be provided when there is a change in the type of respiratory protection used, or when inadequacies in the employee's knowledge or use of the respirator indicate that he or she has not retained the requisite understanding or skill.

- The employee will also receive training during the fit testing procedure that will provide an opportunity to handle the respirator, have it fitted properly, test its facepiece-to-face seal, wear it in normal air to familiarize themselves with the respirator, and finally to wear it in a test atmosphere. Every respirator wearer will receive fitting instructions, including demonstrations and practice in how the respirator should be worn, how to adjust it, and how to perform a user seal check according to the manufacturer's instructions. See training power point.
- Employees will be given the opportunity during training, annual retraining and throughout the year to provide feedback on the effectiveness of the program and suggestions for its improvement.

Program evaluation:

- The RPA will conduct a periodic/annual, evaluation of the RPP to ensure that all aspects of the program meet the requirements of the OSHA Respiratory Protection standard and that the RPP is being implemented effectively to protect employees from respiratory hazards.
- Program evaluation will include a review of the written program. And a review of feedback obtained from employees (to include respirator fit, selection, and use that will be collected during the annual training session.
- Any other methods used for program evaluation at facility.

Recordkeeping:

- Personnel medical records such as medical clearance to wear a respirator shall be retained by: HR, but not as part of the HR file. Medical clearance records must be made available in accord with the OSHA Access to Employee Exposure and Medical Records standard (29 CFR 1910.1020) and maintained for a minimum of thirty (30) years after an employee's separation or termination.
- Documentation of training and fit testing will be kept, stored with respiratory protection plan: until the next training or fit test
- A copy of this RPP and records of program evaluations and revisions shall be kept by and made available to all affected employees, their representatives, and representatives of OSHA upon request.

Coastal Health and Wellness
2023 Infection Control Goals and Measurable Objectives
SMART Framework: Goal should be specific, measurable, achievable, relevant and time-bound.

Goals: Specific	Achievable % Compliance	Measurable/Relevant Objectives	Time-Bound	Comment
Improve and maintain hand hygiene compliance among patients and staff. Replace hand hygiene products in clinical areas; soap and ABHS with no-touch, foam dispensers.	95%	Achieve/maintain 95% compliance with hand hygiene, using CDC guidelines for hand cleaning. Replace dispensers	Quarterly July 2023	**JC Standard IC.01.03.01** **EP 3 AHC** The organization provides equipment and supplies to support [infection prevention and control activities]. 2023 Ambulatory Health Care Standard/National Patient Safety Goals **NPSG**.07.01.01 use hand cleaning guidelines
Monitor and improve staff adherence to recommended practices; to protect against possible exposure to infectious agents, to reduce the risk of infection: • Standard Precautions • Use of Personal Protective Equipment (PPE)	95%	Achieve/maintain 95% compliance with the use of Standard Precautions: • PPE • Cleaning, disinfecting, and sterilization Transmission based precautions Investigates outbreaks of infectious disease	Quarterly	**JC Standard: IC.O2.01.01** Organization implements its planned infection control activities and practices, including surveillance, to reduce the risk of infection EP 1,2,3,5
Increase and maintain staff adherence and implementing effective Respiratory Protection Program in healthcare setting: • Respiratory Hygiene and Cough Etiquette (CDC) • OSHA Respiratory Protection Standard (29CFR 1910.134)	98%	Achieve, implementing, and maintain healthcare Respiratory Protection Program, to decrease the exposure/transmission of pathogens causing disease. • Respiratory etiquette, respiratory hygiene • N-95 respirator fit testing orientation, yearly ,or as needed.	Quarterly	CDC Preventing Transmissions of infectious agents in healthcare settings. (Siegel JD 2019, Accessed April 26, 2022) (29 CFR 1910.134)
Bloodborne Pathogens Exposure Control Plan: Develop Plan Decrease health care workers occupational exposure to blood or other potentially infectious materials (OPIM). • Decrease sharps injuries • Minimize the risk when storing and	98%	Achieve 98% of the 10 steps to compliance with procedures to protect workers from Occupational exposure to Bloodborne Pathogens. Training: • Orientation/yearly Reduce/maintain sharps injuries from the previous year 2022	Quarterly	OSHA 29 CFR 1910.1030 CPL 02-02-069 (enforcement procedure) **IC.02.01.01** **EP6** Needlestick Safety and prevention Act Year November 2000

Submitted by: Debra Howey, RN,
4/04/2023

disposing regulated medical waste.		Reduce non-compliance of disposing of regulated (biohazard) medical waste.		
The organization reduces the risk of infections associated with Reduce the risk of infection associated with medical equipment, devices, and supplies	99%	Achieve 99% compliance with requirements and recommendations to risk infection associated with medical equipment and supplies.	Quarterly	**IC 02.02.01** **EP 1-EP 5** • Low-level disinfection • Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies • Disposal of medical equipment, devices, and supplies. • Storing of medical equipment, devices, and supplies. • Following regulatory and professional standards when reprocessing single-use devices.

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Submitted by: Debra Howey, RN,
4/04/2023

Governing Board
May 2023
Item#10
Informational Report: Credentialing & Privileging Committee Reviewed and Approved the Following Providers Privileging/Re-Credentialing Rights

a) Kristy Cooley-O'Brien, PA
b) Debbie Wasson, PA
c) Carlos Tirado, MD

Re-Credentialing Rights

a) Carlos Tirado, MD
b) Isela Werchan, MD-Re-privileging
c) Lisa Yarbrough, PC-Re-privileging

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Governing Board
May 2023
Item#11
Consider for Approval April 2023 Financial
Report Submitted by Trish Bailey

COASTAL HEALTH & WELLNESS

Governing Board

FINANCIAL SUMMARY

For the Period Ending

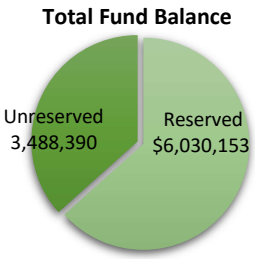
April 30, 2023

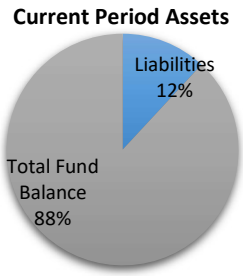
GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591

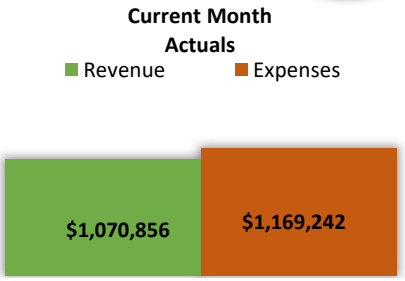
CHW - BALANCE SHEET

as of April 30, 2023

	Current Month Apr-23	Prior Month Mar-23	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	$6,622,408	$6,918,458	($296,050)
Accounts Receivable	4,607,593	3,855,875	751,718
Allowance For Bad Debt	(647,386)	(603,569)	(43,818)
Pre-Paid Expenses	278,280	374,654	(96,373)
Due To / From	(53,507)	3,378	(56,886)
Total Assets	**$10,807,388**	**$10,548,797**	**$258,592**
LIABILITIES			
Accounts Payable	$27,398	$187,711	($160,313)
Accrued Expenses	681,028	719,671	(38,643)
Deferred Revenues	580,420	24,642	555,778
Total Liabilities	**$1,288,846**	**$932,024**	**$356,822**
FUND BALANCE			
Fund Balance	$9,616,929	$8,131,580	1,485,348
Current Change	(98,386)	1,485,192	(1,583,579)
Total Fund Balance	**$9,518,542**	**$9,616,773**	**($98,230)**
TOTAL LIABILITIES & FUND BALANCE	**$10,807,388**	**$10,548,797**	**$258,592**







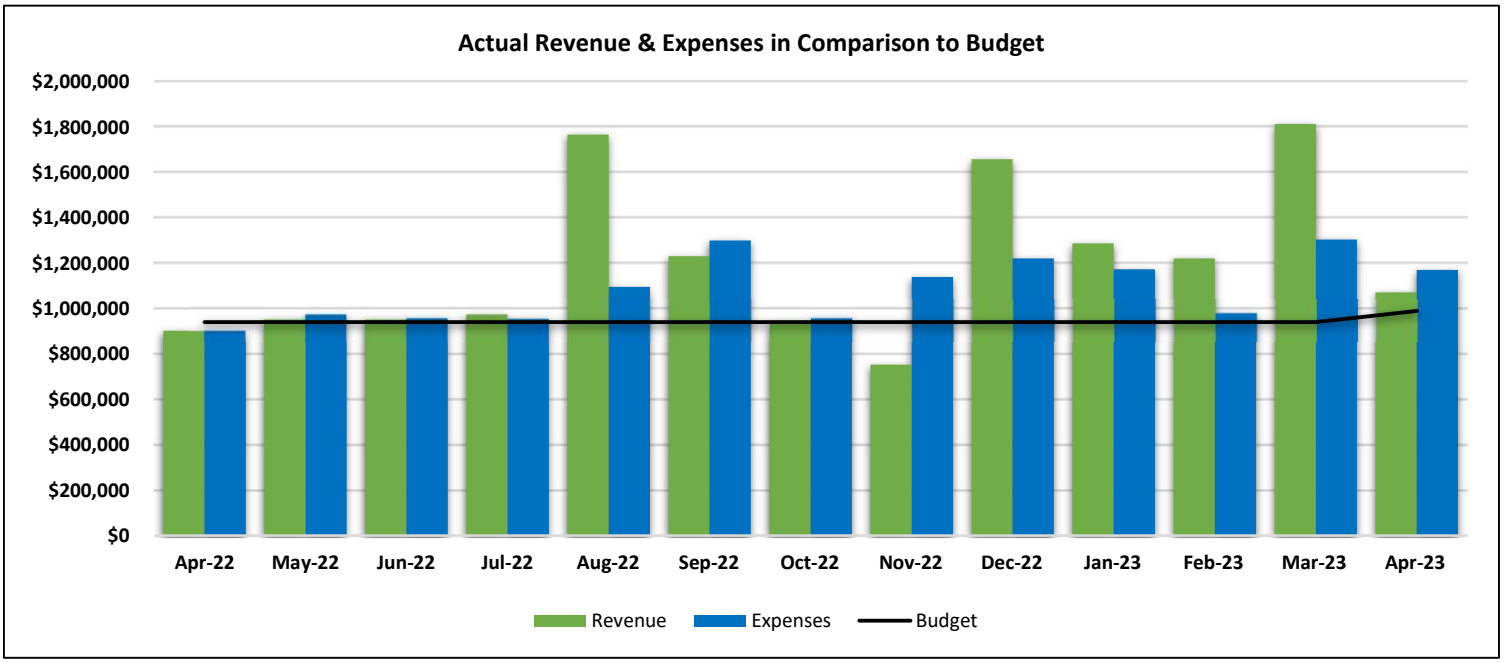
CHW - REVENUE & EXPENSES

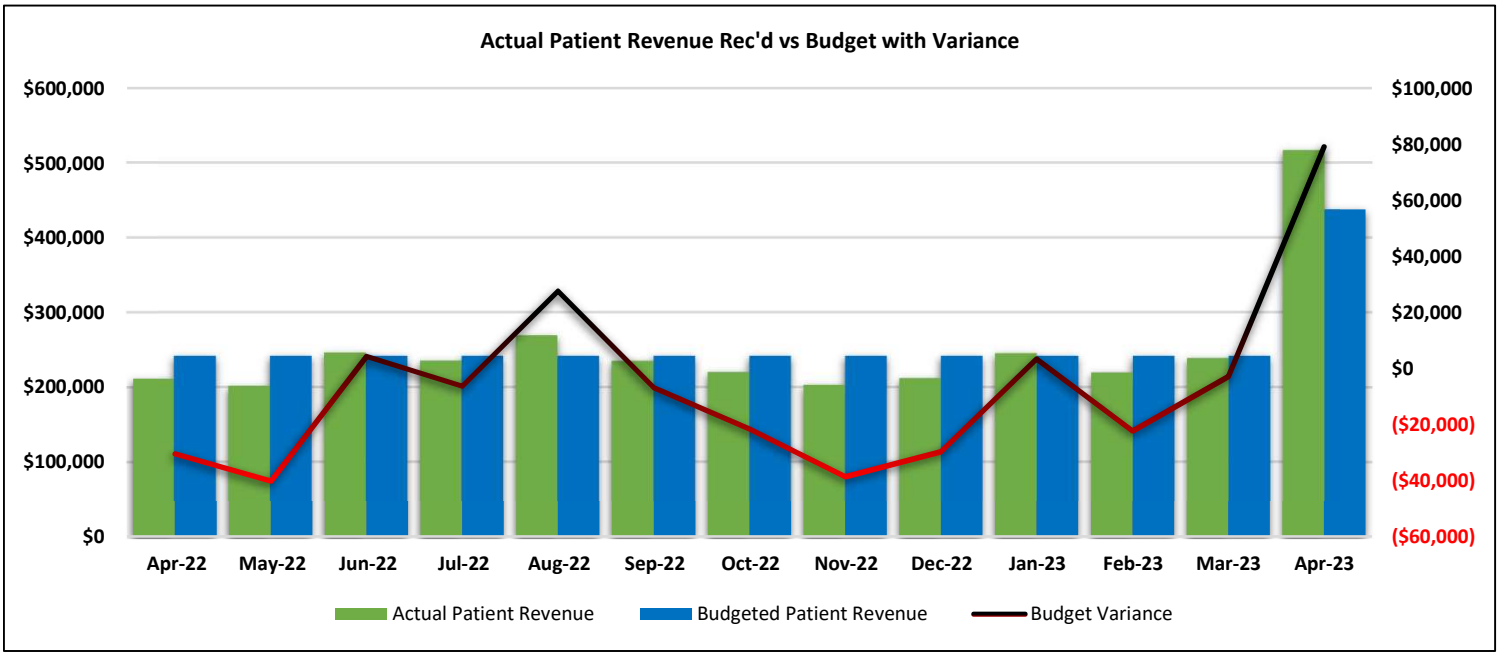
as of April 30, 2023

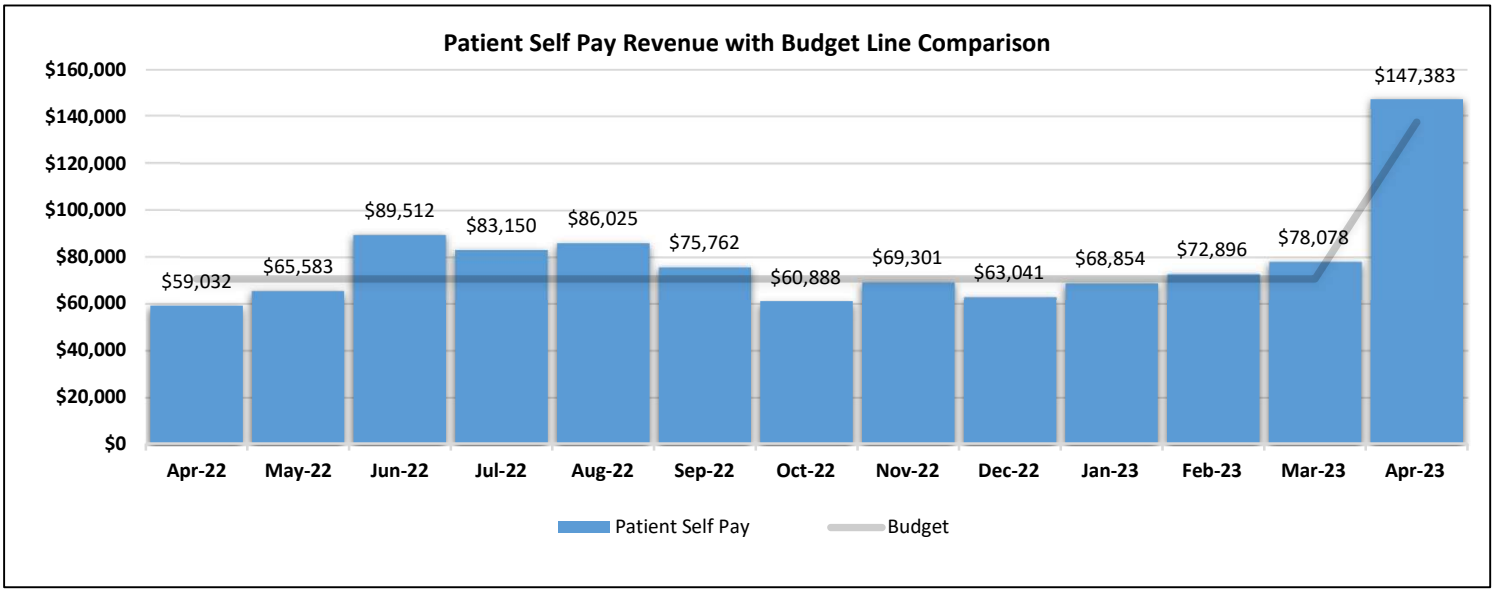
	MTD Actual Apr-23	MTD Budgeted Apr-23	MTD Budget Variance	YTD Actual thru Apr-23	YTD Budget thru Apr-23	YTD Budget Variance
REVENUE						
County Revenue	$229,364	$277,889	($48,525)	229,363.92	$277,889	(48,525)
DSRIP Revenue	0	0	0	0	0	0
HHS Grant Revenue	308,828	269,783	39,045	308,828	269,783	39,045
Patient Revenue	516,667	437,585	79,082	516,667	437,585	79,082
Other Revenue	15,996	3,583	12,413	15,996	3,583	12,413
Total Revenue	**$1,070,856**	**$988,841**	**$82,015**	**1,070,856**	**$988,841**	**82,015**
EXPENSES						
Personnel	$745,107	$852,583	$107,476	745,107	$852,583	$107,476
Contractual	113,069	89,342	(23,726)	113,069	89,342	(23,726)
IGT Reimbursement	0	0	0	0	0	0
Supplies	175,527	94,645	(80,882)	175,527	94,645	(80,882)
Travel	899	767	(133)	899	767	(133)
Bad Debt Expense	43,818	48,151	4,334	43,818	48,151	4,334
Other	86,957	129,873	42,917	90,823	129,873	39,051
Total Expenses	**$1,169,242**	**$1,215,361**	**$46,119**	**1,169,242**	**$1,215,361**	**$46,119**
CHANGE IN NET ASSETS	**($98,386)**	**($226,521)**	**$128,134**	**(98,386)**	**($226,521)**	**128,134**

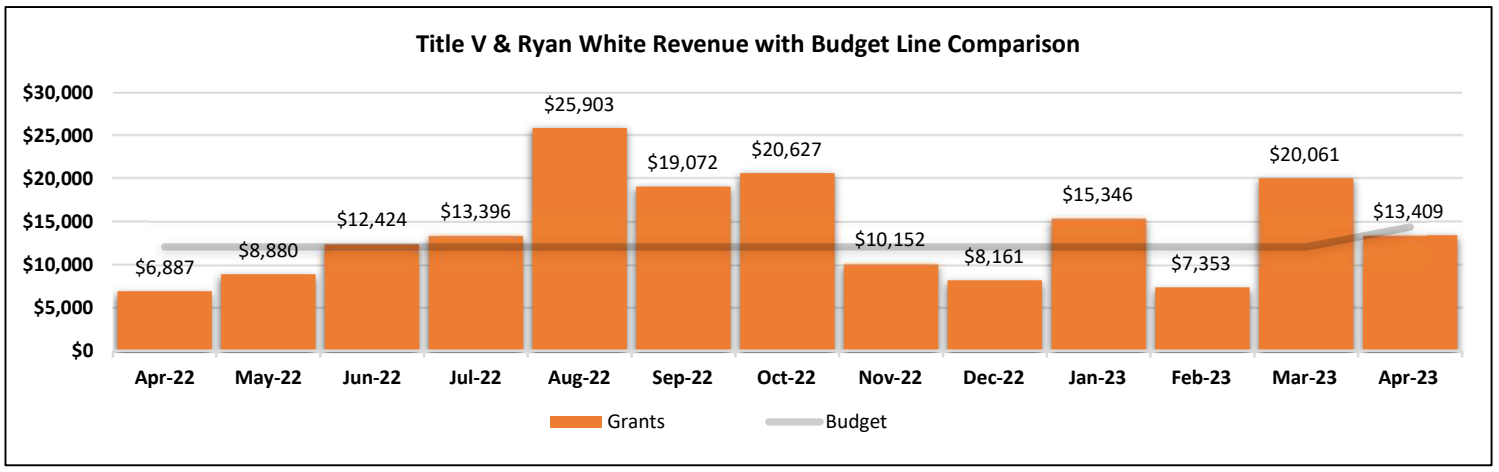
HIGHLIGHTS

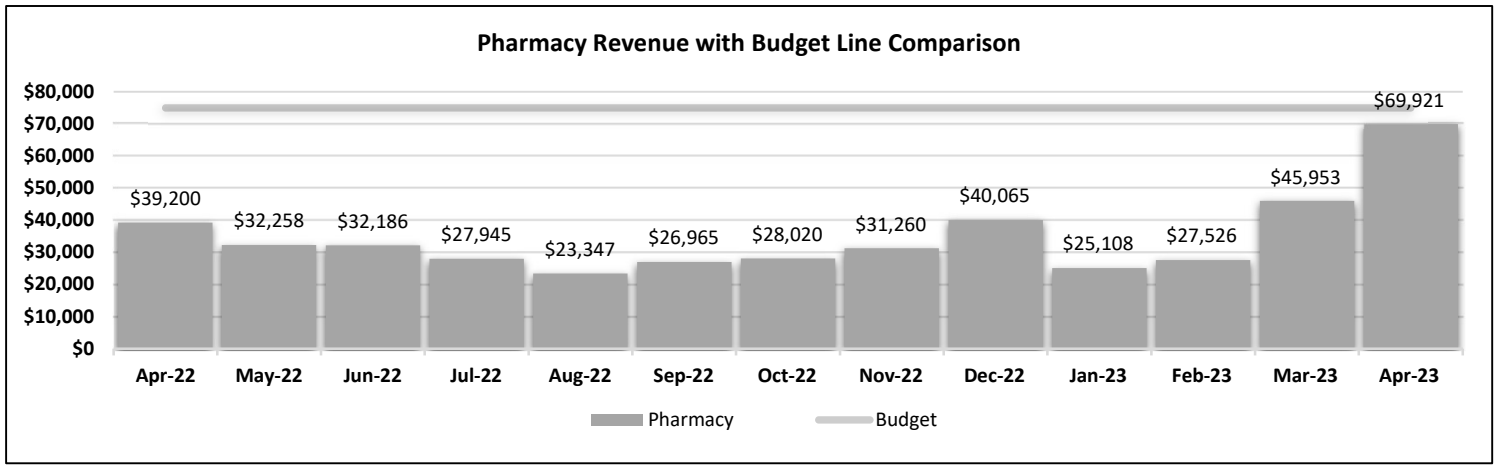
- ***Fund Balance:*** For the month of April the total fund balance was $9,547,708, a decrease of $69,064 from March.
- ***Revenue:*** MTD revenue was $1,070,856 which is over budget by $82,015. YTD revenue was $1,070,856 and is over budget by $82,015. The large difference between actual and budget for YTD is due to the extra funding from HHS and patient fee revenues.
- ***Expense:*** MTD expenses were $1,169,242 which is $46,119 under budget. YTD expenses were $1,169,242 which are $46,119 under budget due mainly to lower personnel and offset higher than budgeted contract services and operating supplies.


Actual Revenue & Expenses in Comparison to Budget
$2,000,000
$1,800,000
$1,600,000
$1,400,000
$1,200,000
$1,000,000
$800,000
$600,000
$400,000
$200,000
$0
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
Revenue
Expenses
Budget


Actual Patient Revenue Rec'd vs Budget with Variance
$600,000
$500,000
$400,000
$300,000
$200,000
$100,000
$0
$100,000
$80,000
$60,000
$40,000
$20,000
$0
($20,000)
($40,000)
($60,000)
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
Actual Patient Revenue
Budgeted Patient Revenue
Budget Variance


Patient Self Pay Revenue with Budget Line Comparison
$160,000
$140,000
$120,000
$100,000
$80,000
$60,000
$40,000
$20,000
$0
$59,032
$65,583
$89,512
$83,150
$86,025
$75,762
$60,888
$69,301
$63,041
$68,854
$72,896
$78,078
$147,383
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
Patient Self Pay
Budget


Title V & Ryan White Revenue with Budget Line Comparison
$30,000
$25,000
$20,000
$15,000
$10,000
$5,000
$0
$6,887
$8,880
$12,424
$13,396
$25,903
$19,072
$20,627
$10,152
$8,161
$15,346
$7,353
$20,061
$13,409
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
Grants
Budget


Pharmacy Revenue with Budget Line Comparison
$80,000
$70,000
$60,000
$50,000
$40,000
$30,000
$20,000
$10,000
$0
$39,200
$32,258
$32,186
$27,945
$23,347
$26,965
$28,020
$31,260
$40,065
$25,108
$27,526
$45,953
$69,921
Apr-22
May-22
Jun-22
Jul-22
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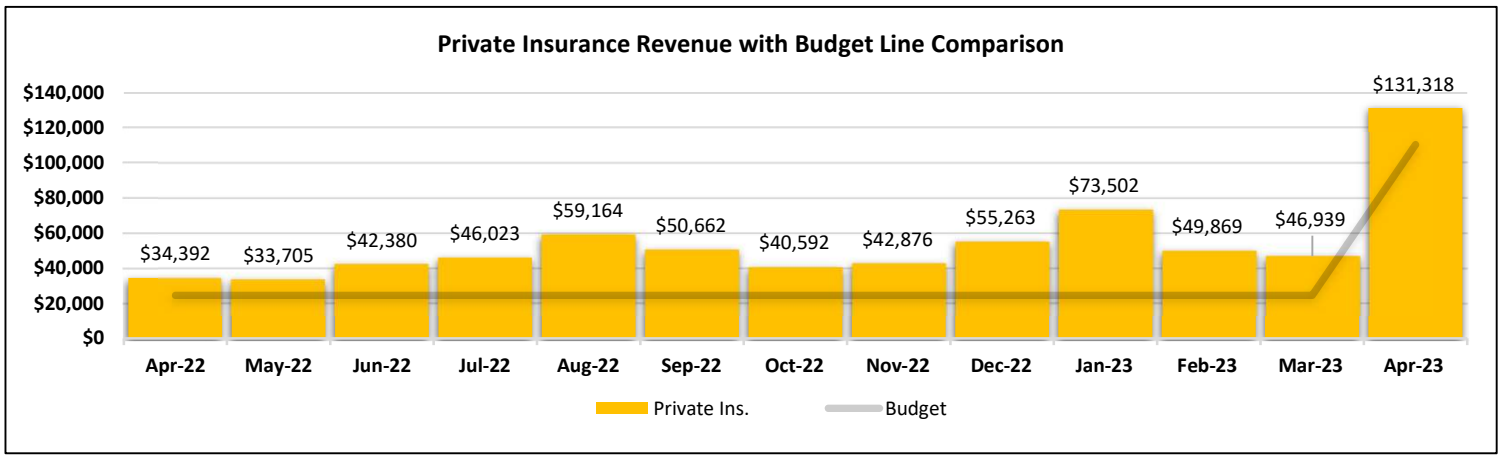
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
Pharmacy
Budget


Private Insurance Revenue with Budget Line Comparison
$140,000
$120,000
$100,000
$80,000
$60,000
$40,000
$20,000
$0
$34,392
$33,705
$42,380
$46,023
$59,164
$50,662
$40,592
$42,876
$55,263
$73,502
$49,869
$46,939
$131,318
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
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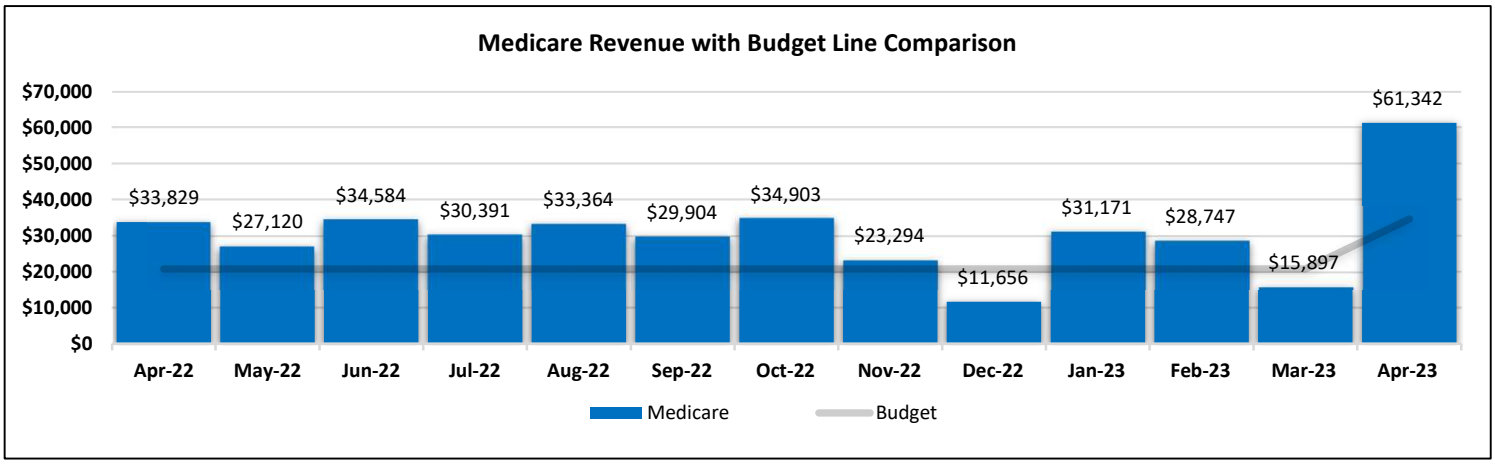
Jan-23
Feb-23
Mar-23
Apr-23
Private Ins.
Budget


Medicare Revenue with Budget Line Comparison
$70,000
$60,000
$50,000
$40,000
$30,000
$20,000
$10,000
$0
$33,829
$27,120
$34,584
$30,391
$33,364
$29,904
$34,903
$23,294
$11,656
$31,171
$28,747
$15,897
$61,342
Apr-22
May-22
Jun-22
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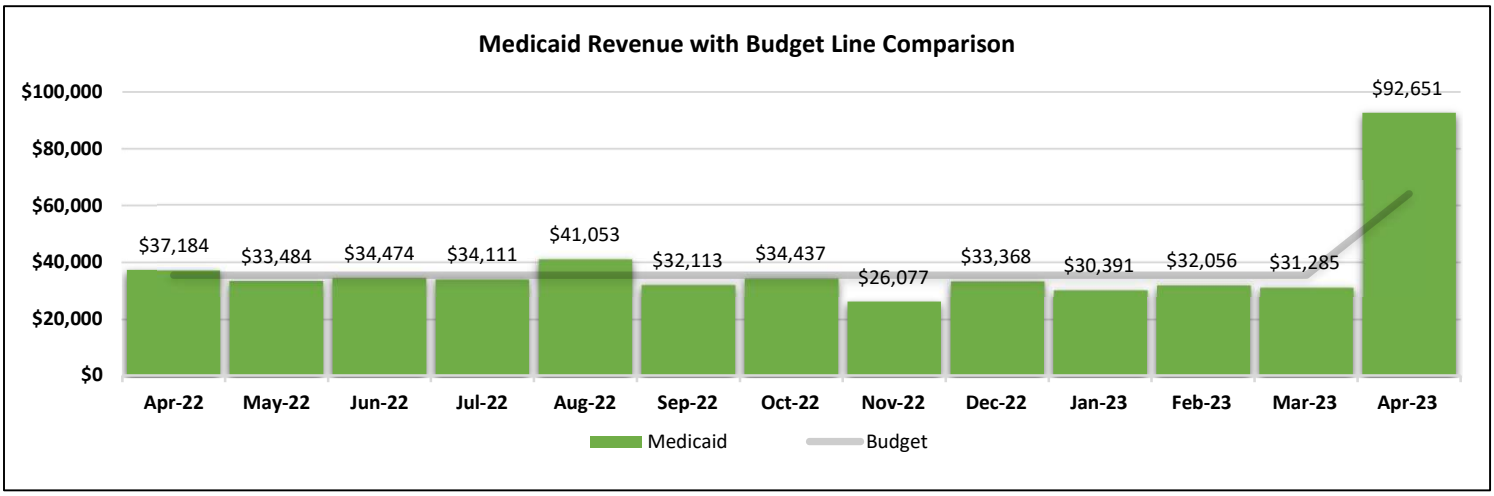
Jan-23
Feb-23
Mar-23
Apr-23
Medicare
Budget


Medicaid Revenue with Budget Line Comparison
$100,000
$80,000
$60,000
$40,000
$20,000
$0
$37,184
$33,484
$34,474
$34,111
$41,053
$32,113
$34,437
$26,077
$33,368
$30,391
$32,056
$31,285
$92,651
Apr-22
May-22
Jun-22
Jul-22
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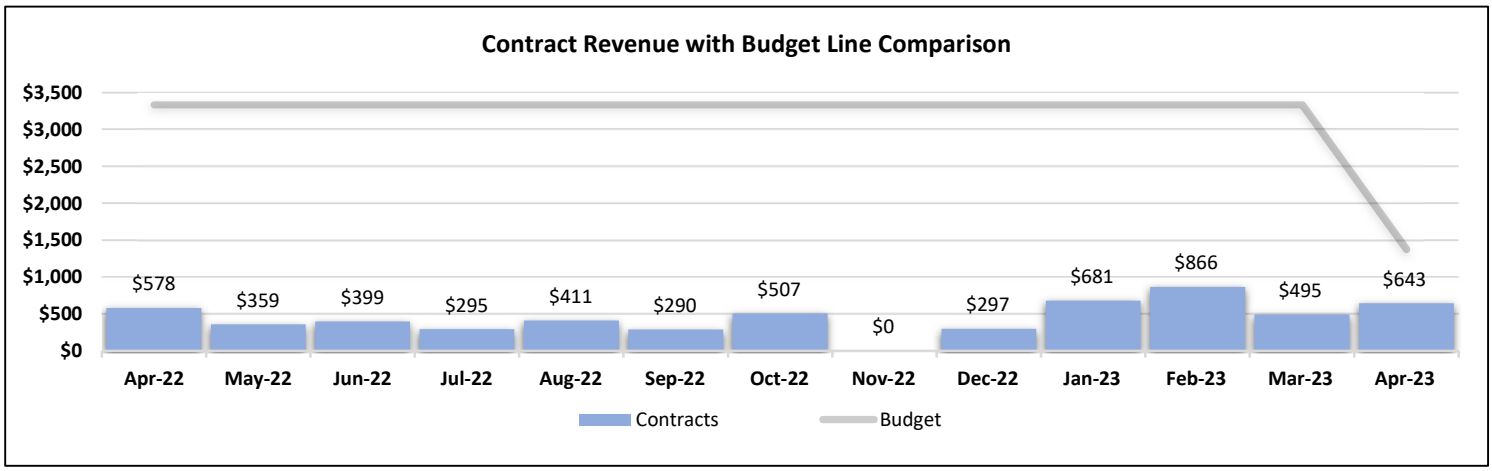
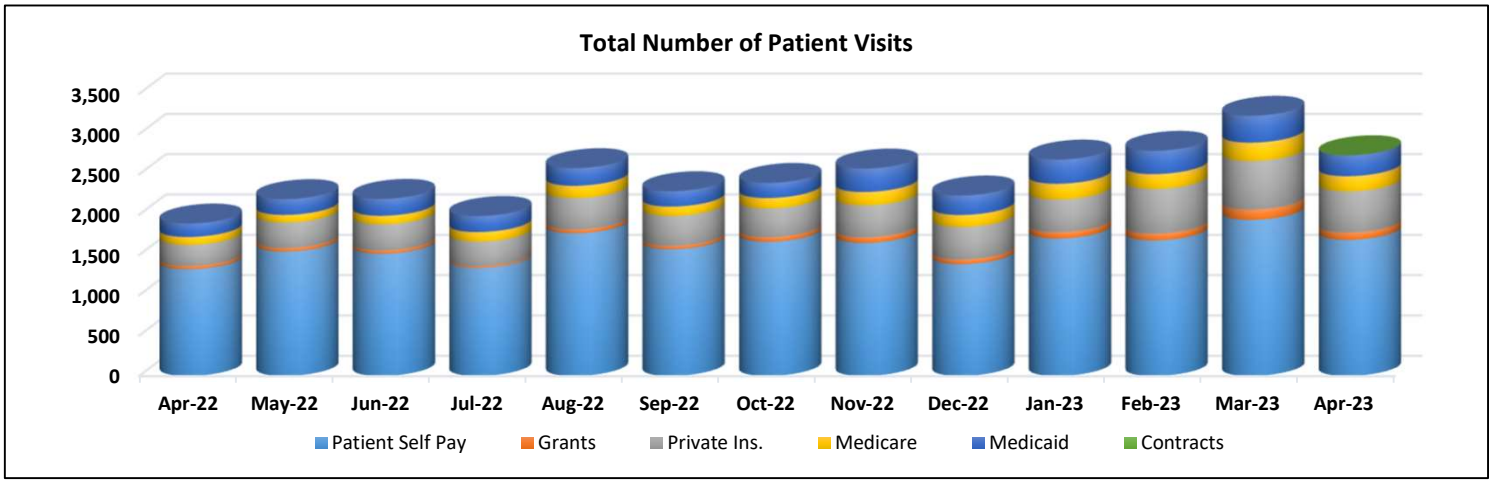
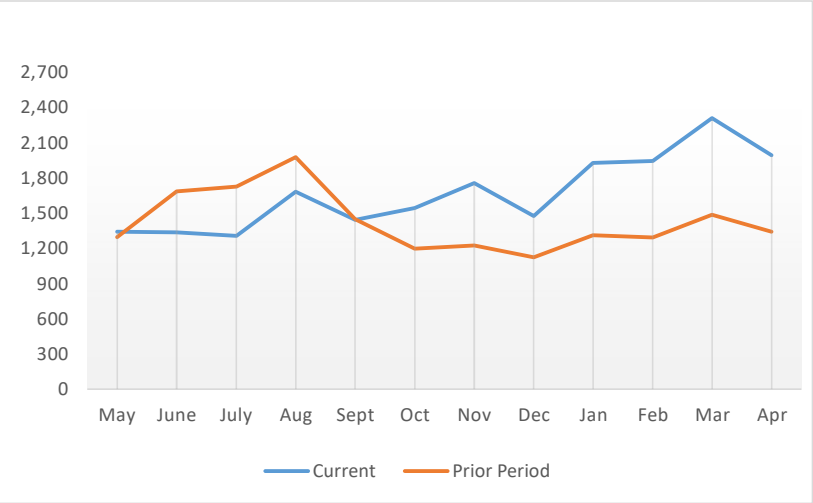
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
Medicaid
Budget


Contract Revenue with Budget Line Comparison
$3,500
$3,000
$2,500
$2,000
$1,500
$1,000
$500
$0
$578
$359
$399
$295
$411
$290
$507
$0
$297
$681
$866
$495
$643
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
Contracts
Budget


Total Number of Patient Visits
3,500
3,000
2,500
2,000
1,500
1,000
500
0
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
Patient Self Pay
Grants
Private Ins.
Medicare
Medicaid
Contracts

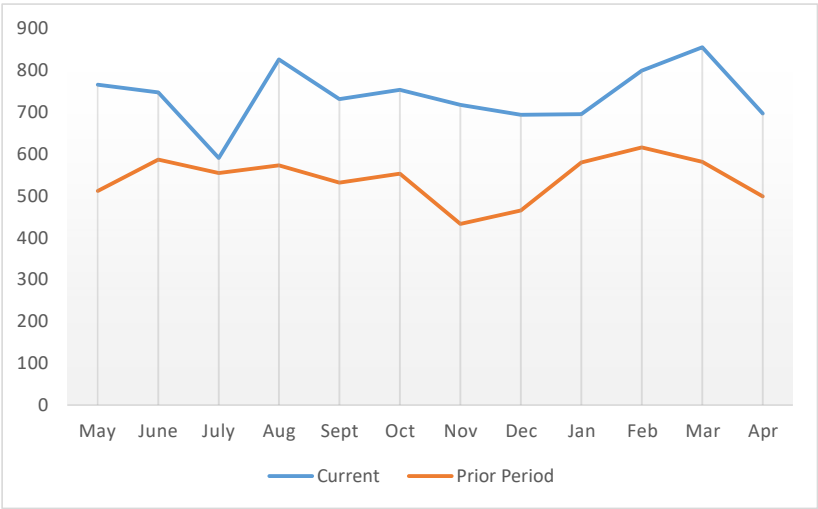
Medical Visits

	Current	Prior Period
May	1,345	1,299
June	1,337	1,689
July	1,309	1,727
Aug	1,684	1,980
Sept	1,445	1,450
Oct	1,547	1,198
Nov	1,759	1,227
Dec	1,478	1,124
Jan	1,932	1,311
Feb	1,946	1,294
Mar	2,311	1,488
Apr	1,995	1,345
	20,088	17,132



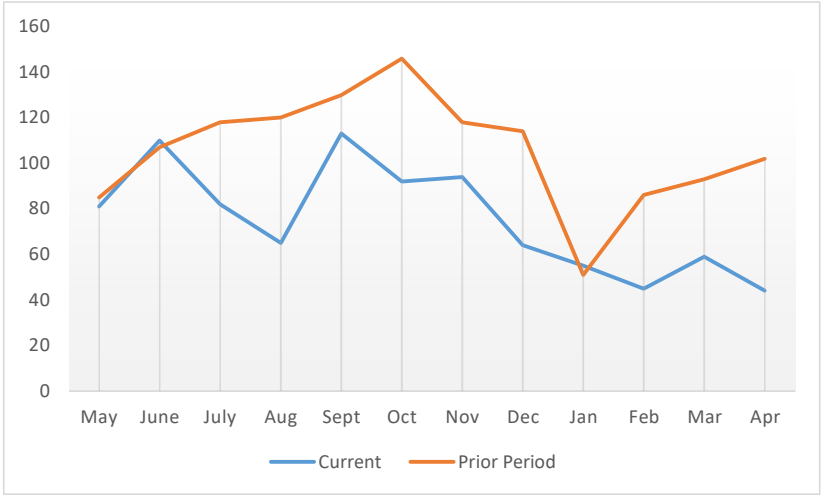
Dental Visits

	Current	Prior Period
May	766	512
June	748	587
July	591	555
Aug	827	574
Sept	732	532
Oct	754	554
Nov	718	433
Dec	695	466
Jan	696	580
Feb	800	616
Mar	856	582
Apr	697	499
	8,880	6,490



Counseling Visits

	Current	Prior Period
May	81	85
June	110	107
July	82	118
Aug	65	120
Sept	113	130
Oct	92	146
Nov	94	118
Dec	64	114
Jan	55	51
Feb	45	86
Mar	59	93
Apr	44	102
	904	1,270



Vists by Financial Class - Actual vs. Budget
As of April 30, 2023 (Grant YTD 04/01/23 - 03/31/24)

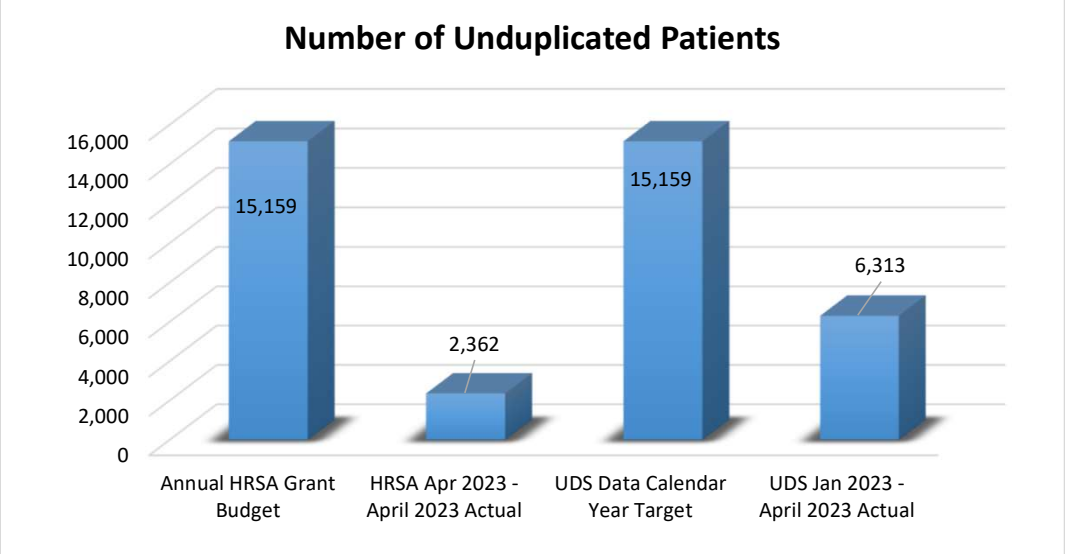
	Annual HRSA Grant Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/(Under) YTD Budget
Medicaid	4,113	259	343	(84)	259	343	(84)	-24%
Medicare	2,378	190	198	(8)	190	198	(8)	-4%
Other Public *(Title V, Ryan White)*	1,079	90	90	0	90	90	0	0%
Private Insurance	4,474	510	373	137	510	373	137	37%
Self Pay	27,515	1,687	2,293	(606)	1,687	2,293	(606)	-26%
	39,559	**2,736**	**3,297**	**(561)**	**2,736**	**3,297**	**(561)**	**-17%**

Unduplicated Patients - Current vs. Prior Year
UDS Data Calendar Year
January through December

	Current Year Annual Target	Jan 2022 - April 2022 Actual	Jan 2023 - April 2023 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	15,159	4,704	6,313	1,609	42%

Unduplicated Patients - Current vs. Prior Year
HRSA Grant Year
April through March

	Annual HRSA Grant Budget	Apr 2022 - Apr 2022 Actual	Apr 2023 - Apr 2023 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	15,159	1,661	2,362	701	16%



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Governing Board
May 2023
Item#12
Consider for Approval Governing Board Member Donnie VanAckeren to Serve on the Finance Committee

Back to Agenda

Governing Board
May 2023
Item#13
Coastal Health & Wellness Updates

a) Current Public Health Concerns and Status; COVID/Flu/Monkey Pox Submitted by Executive Director
b) Operational Updates/Coastal Wave Submitted by Chief Operating Officer
c) Dental Updates Submitted by Dental Director
d) Medical Updates Submitted by Medical Director

April 2023 Operational Report

for

Presentation to the

May 2023

Governing Board

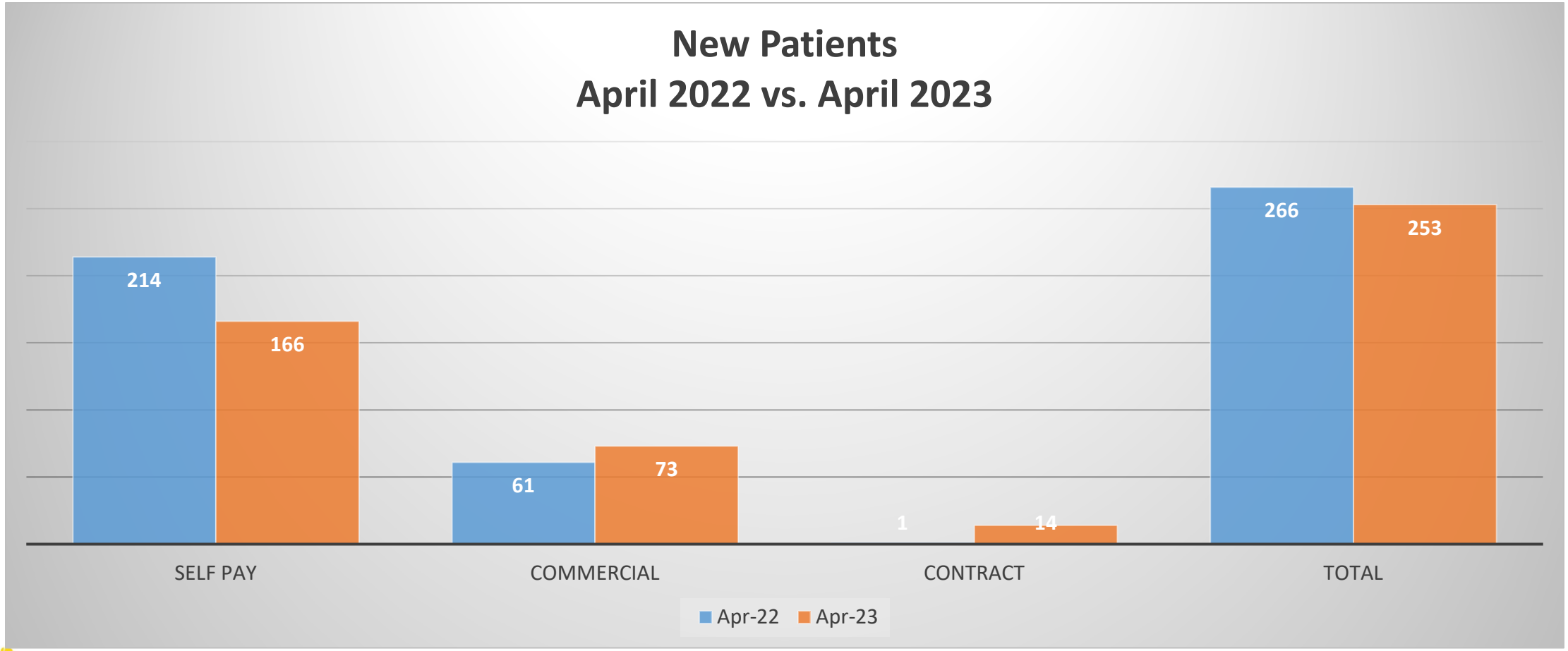
Meeting

Coastal Health & Wellness

Galveston County's Community Health Center

iduals in need.

April Patients – New Patients for the Month

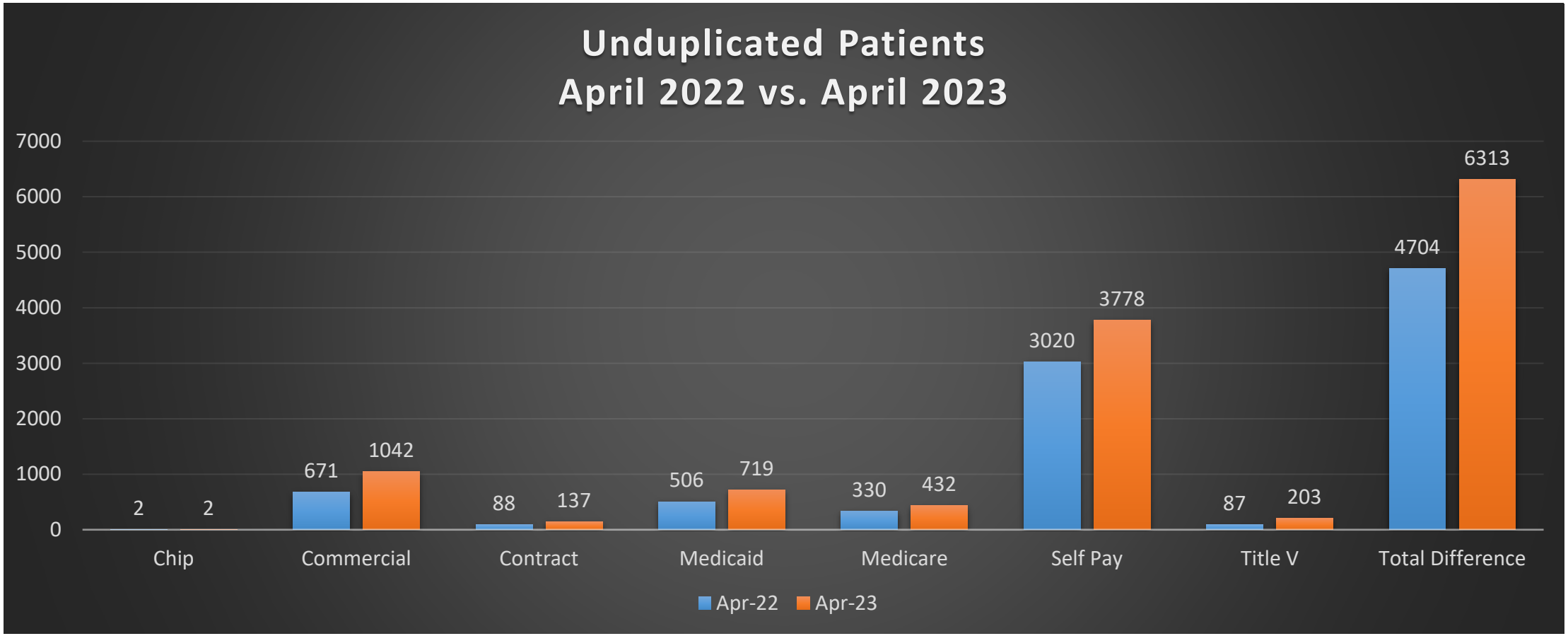


Coastal Health & Wellness
Galveston County's Community Health Center

Providing access to high-quality primary care to any and all individuals in need.

coastalhw.org

April Patients – Unduplicated Patients for the Month



Coastal Health & Wellness
Galveston County's Community Health Center

Providing access to high-quality primary care to any and all individuals in need.

coastalhw.org

April – Average Appointment Wait Time

Established Patients

- Medical – 2 to 10 days max, average 3 days.
- Dental – 1 to 2 months, in pain 1- 3 days.
- Behavioral Health – 1 week.

New Patients

- Medical – 2 to 10 days max, average 3 days.
- Dental – 1 to 2 months, in pain 1- 3 days.
- Behavioral Health – 1 to 2 weeks

* Based on Third Next Available appointment, often times with No Show and Cancellations, patients are able to get in same or next day.

Outreach	Date
Health Screenings @ Wright Cuney	04.24.23
Health Fair @ Crystal Beach	04.25.23
HEAL @ HHS	04.26.23
CHW Presentation @ ADA House	04.26.23
HEAL @ HHS	04.27.23
Helen Halll Library	04.27.23
Cinco De Mayo Community Celebration	04.29.23
Monthly Veterans Fod Drive	04.29.23
ADA House Outreach	04.29.23
HEAL @ Santa Fe Roundup	04.29.23
City of La Marque Hurricane Huddle	04.29.23

Outreach	Date
Health Screenings @ Bayside	04.03.23
HEAL @ GSM	04.04.23
Health Screenings @ MI Lewis	04.11.23
GCHD/CHW Presentation-TC Police Academy	04.11.23
HEAL @ HISD	4.12.23
HEAL @ HISD	4.13.23
HEAL @ GSM	04.18.23
Health Screenings @ Our daily bread	04.18.23
HEAL @ HHS	04.19.23
HEAL @ HHS	04.20.23
Health Screenings @ Wayne Johnson	04.20.23

April – New Hires & Open Positions

New Hires

Hire Date	Name	Department	Job Title	Position #
4/13/2023	Ileana Grajales	CHW Lab/X-ray	Phlebotomist	CHW-MDX-007
5/4/2023	Laura Johnson	CHW Nursing	Medical Assistant I	CHW-MA-014
5/4/2023	Brittany Henderson	CHW Nursing	Medial Assistant I	CHW-MA-015
Tentative 6/15/23	Victoria Garcia	Patient Services	Patient Access Specialist II	CHW-PS-024
Tentative 5/25/23	Isaura Rivera	Patient Services	Patient Access Specialist I - Bilingual	CHW-PS-009
Tentative 5/25/23	Georgina Rivera Acosta	Patient Services	Patient Access Specialist - Bilingual	CHW-PS-018

Vacant Positions

Department	Job Title	Type	Position #
CHW Case Management	Social Worker - Bilingual	SALARY	CHW-OEE-006
CHW Dental Assistants	Dental Assistant I	HOURLY	CHW-DA-011
~~CHW Dental Providers~~	~~Dental Hygienist~~	~~SALARY~~	~~TBD *[CHW-DH-xxx]*~~
CHW Lab & X-Ray	Phlebotomist	HOURLY	CHW-MDX-003
CHW Medical Admin	CHW Grant & Finance Manager	SALARY	CHW-FIN-001
CHW Medical Admin	Project Manager – Commercial and Managed Care Incentive Program (CMCIP)	SALARY	TBD
CHW Nursing	Medical Assistant - Bilingual	HOURLY	CHW-MA-016
CHW Nursing	LVN I - Bilingual	HOURLY	CHW-MN-009
CHW Patient Services	Patient Access Specialist – Bilingual	HOURLY	CHW-PS-011
CHW Patient Services	Patient Access Specialist – Bilingual	PART	CHW-PS-014
CHW Providers	Mental Health Counselor	SALARY	CHW-MP-009

Partnership with Public Health April Collaborations

Continue to develop face to face Diabetes Education program between CHW and public health nurses.

Continue to partner on the Rapid Start PrEP program.

Public Health supplying Narcan for CHW SUD clinic and offering skills training.

CHW has agreed to support and assist Public Health in their PHAB (Public Health Accreditation Board) project.

Projects and/or Works in Progress

FTCA due June 23rd!!

Signed another year with UTMB for Internal Medicine & OB Residency Program

Care Message

School Based Health Clinic with TCISD

Home Visit Program (Senior)

Budget amendment & updated projections

Fee schedule update for 2023 and formulary updates

Dental Clinic Board Update 6/01/2023

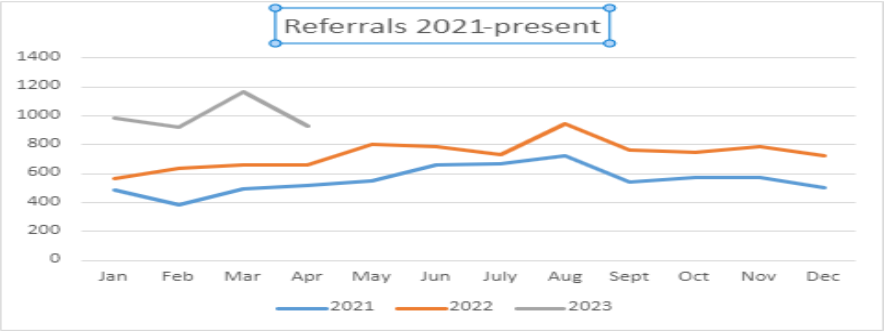
- Visit Numbers
    - April 2022: 625
    - April 2023: 697
    - 10.33% increase
- Current projects, plans, department overview for dental
    - Teledentistry Collaborative – We completed the Teledentistry Collaborative with NNOHA and TACHC. We are currently utilizing teledentistry for asynchronous visits for pediatric patients that have had an exam within the last year. We plan to continue to expand the teledentistry visits to other visit types in the future.
    - First Dental Home – This project is currently pending identification of test patients during open administrative time.
    - Sterilization Renovation – We are finalizing the plans for redesigning a section of our sterilization area in Texas City. This will allow us to add two more sterilizers to be more efficient and help meet sterilization needs.
    - We have chosen new dental chairs for Galveston and the order was placed this week.
    - We are still waiting for our old images to be transferred to the Cloud for the new x-ray program and expected it to be complete by 5/25/2023. We are currently waiting for an update from SOTA.
    - We hosted eight COM Dental Assisting Students on 4/22/2023, 4/29/2023 and 5/13/2023 as part of their lab curriculum.
    - Dr. Lindskog continues to serve on the COM Hygiene School Advisory Board. She attended the last advisory board meeting on May 9th. Their application for accreditation has been submitted to CODA and they are hoping to enroll their first class of students for Fall 2024.
    - Dr. Lindskog attended the Texas Dental Association Meeting where she was a delegate representing the Ninth District Dental Society. The delegation overwhelmingly voted to support dental hygiene anesthesia. This triggered a bill to pass through the legislature and is currently waiting to be signed by the Governor.
    - Dr. Lindskog also attended the Academy of General Dentistry Hill Day with dentists from across the country. They met with their respective Senators and Congressmen/Congresswomen to important legislative issues including a bill to support Oral Health Literacy which would provide HRSA funding to education and the SMILED Act which decreases administrative burden associated with Medicaid.
- Provider Education Opportunities
    - All providers also continue to select and participate in CE of their choice.
- Barriers or Needs (if applicable)
    - Staffing: Our new dental hygienist started on 5/25/2023. She has over 20 years of experience as a dental hygienist, and we are excited to have her on the team.

6/1/2023 Governing Board Meeting

April's Visit Numbers

Visit Type	Apr-22	Apr-23	Increase / Decrease %
Medical	1213	1959	38.08%
Dental	625	697	10.33%
BH	103	44	-134.09%

1. Implementing Specialty Care eConsults (ConferMed)
    - Limited access to specialty care is a significant cause of inequity in healthcare
    - Up to 35% of all primary care patients are referred to specialists annually
    - Up to 45% of these referrals do not require a face-to-face visit
    - ConferMed's Grant support covers the total cost of implementation, free, unlimited use of adult and pediatric eConsult specialty network
    - Improve access and reduce wait times for specialty care
    - Expand the scope of primary care (advanced primary care medical home)
    - Increase convenience and satisfaction for patients
    - This is CHW's total number of referrals 2021-present.
      CHW April 2023 Referrals: total referrals by month 926 (599 specialty, 246 diagnostic, 80 social needs)



2. Launching CHW home-based care program
    - Provider house call (in-person or virtual visit), home health, care coordination, pharmacy
    - House call program for seniors; home-bound, high-touch, high-risk patients:
      Dr. Grumbles and Pam Cable (5/25/2023)
    - Home health, nurse visit program (Q1, 2024)
    - Goal of Medicare case mix from 5.4% to 10%

3. Cardiology clinic for uninsured patients
    - Number one specialty referral
    - Dr. Aldeiri will provide cardiology services at CHW four hours per month (6/1/23)

"Strive to deliver high-quality, culturally competent, equitable, and comprehensive primary care with a focus on clinical quality, patient-centered care, and provider and staff well-being."

Coastal Wave

Coastal Health & Wellness

Serving. Healing. Caring. Providing high quality medical, dental and counseling services to everyone.

May is High Blood Pressure Education Month

Millions of people have high blood pressure and don't know it. Some of the risk factors for high blood pressure include age, lifestyle habits, and family history. Taking small steps like eating healthy, getting regular physical activity, managing stress, and aiming for a healthy weight can help keep our blood pressure and hearts healthy. Learn more about preventing and managing high blood pressure here.

Happy Medical Laboratory Professionals Week!

Coastal Health & Wellness celebrated Medical Laboratory Professionals Week, April 23-29. The week highlighted the important role medical laboratory professionals play in patient care and healthcare safety.

Thank you to the wonderful Coastal Health & Wellness lab Professionals team: L to R Virginia Lyle Lab & X-Ray Manager, Jessica Rodriguez, Cherree Windham, Ileana Vallin Grajales, and Felicia Patterson. (Not pictured is Courtney Luke- LabCorp IOP).

///// May 6-12
Coastal Health & Wellness Nurses

Thank you to our fantastic CHW nurses!

Coastal Health & Wellness and Galveston County Health District celebrated National Nurses Week, May 6-12.

THANK YOU for putting so much heart ❤ into everything you do to keep Galveston County residents healthy.
(Pictured from L to R: Ami Cotharn, Brenda Fernandez, Shawntai Lyons, Jeanette Moody, Tiffany Carlson, Crystal Huesca, Tamara Wallace, Dana Ayers, not pictured is Rosemary Gonzales)

Happy National Women's Health Week, May 14-20

National Women's Health Week is a great time for family, friends, and the greater community to take actions to support women and help them achieve the best health possible.

CHW attends Quality Axis final learning session

Jenn Koch and Virginia Lyle represented Coastal Health & Wellness at the Texas Association of Health Centers Quality Axis learning program, a Plan Do Study Act project. The Quality Axis learning program had its final learning session of the 2022-23 cohort in Austin. Eleven health centers (39 participants total) displayed QI posters, gave final presentations to their leadership champions, engaged in a case study, and worked to plan their next QI initiative.

Flossing is important to overall dental health

Cleaning between your teeth may help prevent cavities and gum disease, and it helps remove plaque. Plaque contains bacteria that feeds on leftover food and sugar in your mouth. When that happens, it releases acid that can eat away at the outer shell of your teeth and cause cavities.

Talk to your dentist and try different flossing options until you find the one that works best for you. Dental picks might help you get to hard-to-reach places while water flossers might be a good option if you have trouble flossing by hand or have dental work that makes flossing difficult.

Check out these simple tips:

- Break off about 18 inches of floss and wind most of it around one of your middle fingers. Wind the remaining floss around the same finger on the opposite hand. This finger will take up the floss as it becomes dirty.
- Hold the floss tightly between your thumbs and forefingers.
- Guide the floss between your teeth using a gentle rubbing motion. Never snap the floss into your gums.
- When the floss reaches the gum line, curve it into a C shape against one tooth. Gently slide it into the space between the gum and the tooth.
- Hold the floss tightly. Gently rub the side of the tooth, moving the floss away from the gum up and down motions.

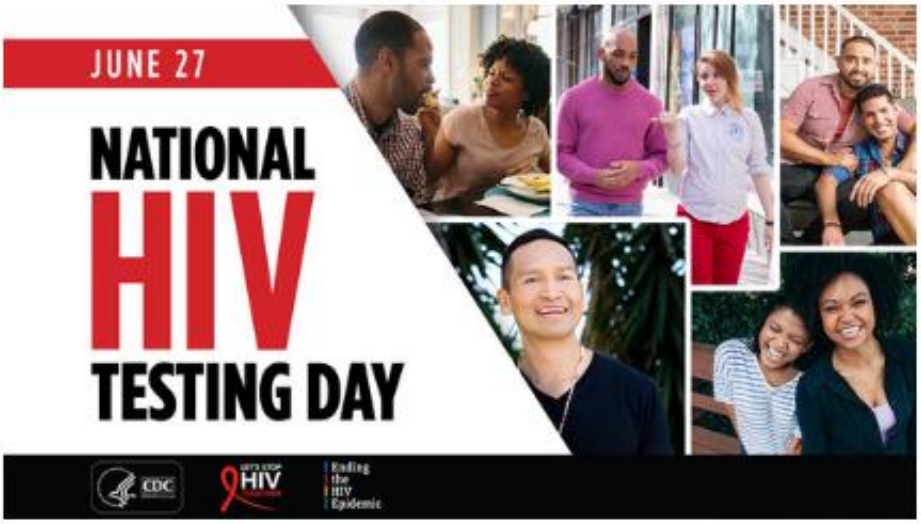
Don't forget medicine, supplies in hurricane kit

Being aware isn't the same as being prepared - and that's especially true during hurricane season, which begins June 1.

Key tips include developing an evacuation plan, assembling your disaster supplies, checking on your insurance coverage, preparing your home, checking on neighbors and completing a written plan to make sure everyone is on the same page.

It's important to be prepared ahead of time during hurricane season. In addition to having basic emergency supplies, people with diabetes should also put together a diabetes care kit. Put all your medical information and supplies in one place so that it's easy to take them with you if you have to evacuate. Learn what you should have in your diabetes care kit.

And, remember to stay informed by local leaders. Learn more from the Galveston County Office of Emergency Management and at Ready.gov.



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Item#14
Comments from Board Members

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